

NIOSH Bibliography of Communication and Research Products 2021



**Centers for Disease Control
and Prevention**
National Institute for Occupational
Safety and Health

The photographs on the front and back covers of the *NIOSH Bibliography of Communication and Research Products 2021* represent just a few of the workers and professions that NIOSH conducts occupational safety and health research for. The photographs are described below:

Front cover:

1. A builder works on ventilation on a building facade with a powered screwdriver. Photo by ©Kadmy/Getty Images.
2. A woman working on a laptop wears a mask and cleans her hand with sanitizer. Photo by ©Damircudic/Getty Images.
3. A fisherman dressed in orange rompers gathers his trammel net. Photo by ©SorinVidis/Getty Images.
4. A nurse comforts a COVID-19 patient at the ICU. Photo by ©Tempura/Getty Images.

Back cover:

1. A hotel worker wears a glove to wipe a doorknob. Photo by ©FG Trade/Getty Images.
2. A cashier in a supermarket wears a mask and gloves to protect against the virus that causes COVID-19. Photo by ©Smederevac/Getty Images.
3. A woman checks the pulse of a young girl. Photo by ©Madrolly/Getty Images.
4. A poster on the street announces that a business is closed because of the pandemic. Photo by ©Tumsasedgars/Getty Images.
5. Paramedics wearing white coveralls attend to a patient while riding in an ambulance. Photo by Gorodenkoff.

NIOSH

Bibliography of Communication and Research Products

2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

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Find NIOSH products and get answers to workplace safety and health questions:

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Monthly *NIOSH eNews*: cdc.gov/niosh/eNews

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April 2024

Foreword

We strive for excellence in our scientific endeavors and in the publications of our work. This bibliography is our effort to provide the best scientific information possible to maintain and improve safety and health at work. I believe that this bibliography reflects and reinforces the NIOSH values of relevance, quality, and impact, and demonstrates the consistent commitment of NIOSH and our partners to all workers as they face challenges to be safe and healthy while contributing to our nation's productivity. Please explore these products further and distribute them freely in workplaces and to our colleagues in the occupational health and safety community.



Photo By NIOSH.

John Howard, M.D.
Director, National Institute for
Occupational Safety and Health
Centers for Disease Control and Prevention

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A Brief History of NIOSH COVID-19 Response Efforts

By Jeanette Novakovich, NIOSH Writer-Editor (former)

*I have no idea what's awaiting me, or what will happen when this all ends. For the moment I know this: there are sick people and they need curing. –Albert Camus, *The Plague*¹*

The [COVID-19 pandemic](#) likely began in Wuhan, China, in December 2019. The World Health Organization (WHO) China Country Office was informed about cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan. Word spread quickly that a virus was putting large numbers of people in intensive care. On January 2, 2020, WHO activated its incident management system across the three levels of WHO (country office, regional office, and headquarters). As the virus reached other countries, public health agencies sounded the alarm. Countless lives depended on our nation's public health scientists. On January 20, 2020, CDC announced the first U.S. laboratory-confirmed case of COVID-19 in the U.S. from samples taken on January 18 in Washington state.

The U.S. Centers for Disease Control and Prevention (CDC) established an incident management structure and began responding in early January 2020. The National Institute for Occupational Safety and Health (NIOSH) formed a team to be part of response. NIOSH is the institute inside CDC charged with protecting the safety and health of the U.S. workforce. Management of the response transitioned to the CDC Emergency Operations Center (EOC) on January 21, 2020. EOC coordinates emergency responses to domestic and international public health threats. It brings together CDC experts to help with monitoring, contact tracing, prevention and controls, and healthcare.

On May 28, 2020, a few months into the pandemic that would kill more than a million Americans, NIOSH director John Howard, MD, testified before Congress.²

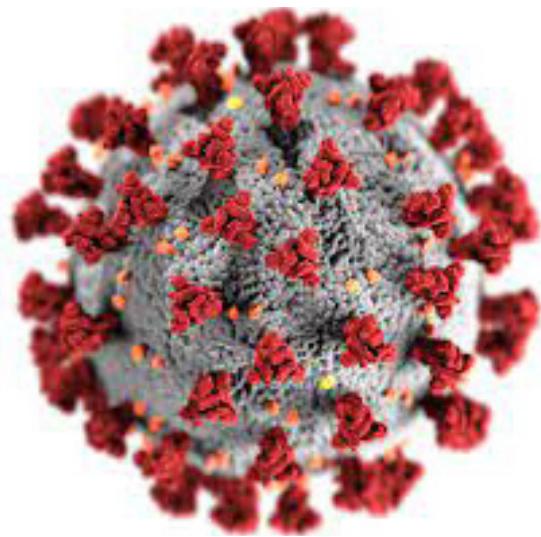


Illustration by CDC.

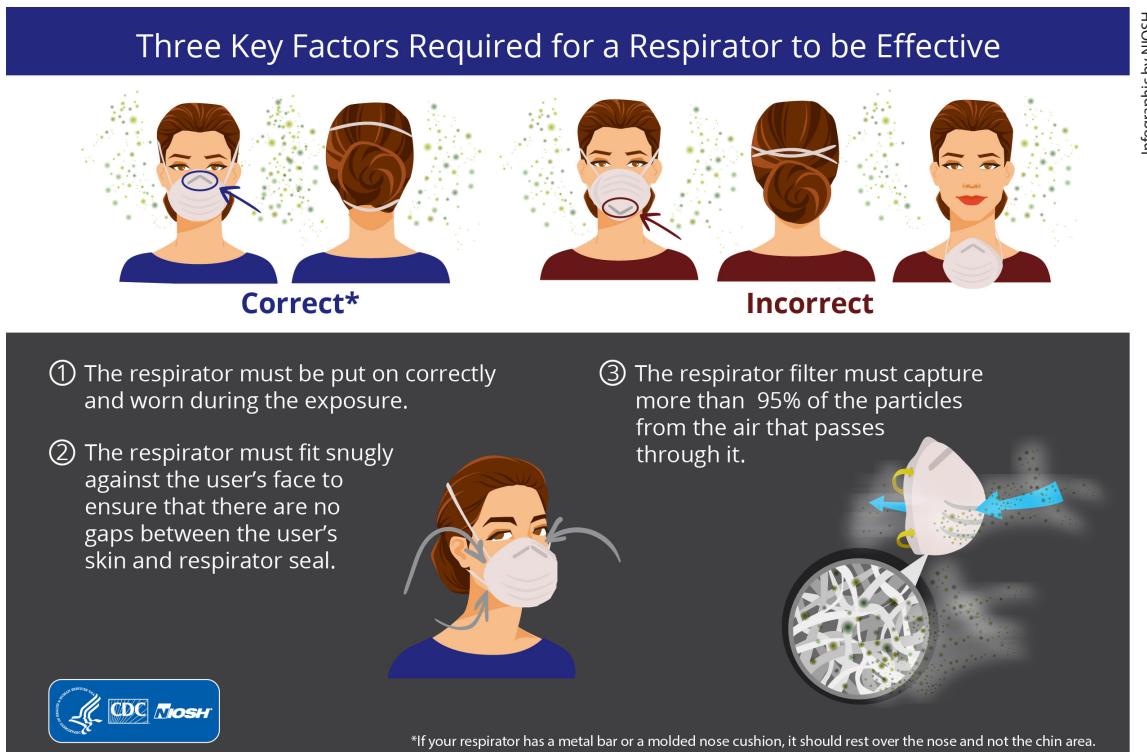
Dr. Howard spoke about the Institute's role in protecting the nation's workforce during the pandemic. On that day, the [CDC COVID Data Tracker](#) reported 22,512 new cases of COVID-19 in the United States. By the end of the year, new cases in a single day would reach as high as a quarter million.

In his testimony, Dr. Howard made clear the danger the virus posed to our country, "The emergence and rapid spread of COVID-19 confirms that an infectious disease threat anywhere is a threat to Americans everywhere, including here at home." Dr. Howard continued, "Every single American is affected by this pandemic, and CDC is leaning into this public health crisis with every applicable asset we have." Dr. Howard emphasized, "These challenges are many, and they are historic."³

¹Camus A [1947]. *The plague*. New York: Vintage Books.

²Howard J [2020]. Examining the federal government's actions to protect workers from COVID-19. Testimony before the Committee on Education and Labor Subcommittee on Workforce Protections United States House of Representatives. Rayburn House Office Building, Room 2175, May 28, 2020, 10:15 a.m., <https://www.congress.gov/116/chrg/CHRG-116hrg41104/CHRG-116hrg41104.pdf>.

³Howard, Testimony May 28, 2020.



This NIOSH infographic, first published in January 2018, became an important information source during the COVID-19 pandemic. It was republished in a NIOSH Science Blog post in March 2020.

COVID-19 went on to become the greatest worldwide threat to public health in more than 100 years.⁴

COVID-19 and the Frontline Workforce

Early response efforts focused on preparing for, containing, and stopping the virus from being introduced into the United States by international travelers. In February 2020, NIOSH developed guidance to help businesses and employers plan for and respond to the virus. Once inside the United States, the goal was saving lives and reducing the stress on the healthcare system.

In March 2020, the response shifted to protecting essential workforces. NIOSH developed guidance and tools to protect essential workers in industries that kept the nation running, and it ramped up its Respirator Approval Program to get much needed respirators to frontline workers. Businesses that employed essential workers were obligated to manage work in a way that kept their workers safe and healthy. By April 2020, NIOSH had assigned staff to 36 sites in 12 states, covering 5 pork, 19 poultry, and 11 beef processing plants.² In May 2020,

NIOSH moved from helping businesses prepare, to helping them respond to COVID-19 in the workplace.

People, communities, public health agencies, medical providers, businesses, and schools all relied on CDC and NIOSH subject matter experts for trusted guidance for responding to COVID-19. Workers belong to and live in communities. When outbreaks occur in communities, illness can be introduced into the workplace. Outbreaks of illness in workplaces can also introduce illness into communities.

⁴Wozniczka D, Demeke HB, Thompson-Paul AM, Ijeoma U, Williams TR, Taylor AW, Tan KR, Chevalier MS, Agyemang E, Dowell D, Oduseyo T, Shirferaw M, King SM, Minta AA, Shealy K, Oliver SE, McLean C, Glover M, Iskander J [2021]. Real-time CDC consultation during the COVID-19 Pandemic—United States, March–July, 2020. Int J Environ Res Public Health, 18(14):7251, <https://doi.org/10.3390/ijerph18147251>.

The food and agriculture industry is a part of the U.S. critical infrastructure. NIOSH developed a broad range of guidance and tools to help employers keep this essential workforce safe and healthy. One example of this work was giving guidance for meat and poultry processing workers and employers.

NIOSH focused on workers with increased risk for exposure. This could be from where they worked or lived. The virus spread fast among people who worked in long-term care facilities (nursing homes), prisons, and other congregate settings.

Public health actions in these settings focused on using controls to prevent the spread of the virus that causes COVID-19. This included screening for symptoms, testing, quarantining, and isolating; cleaning and disinfection; restricting visitors; physical distancing; increased ventilation, high efficiency particulate air (HEPA) filtration; and personal protective equipment such as respirators.

Phases of the NIOSH COVID-19 Response

January–April 2020:

- Supported the CDC by leading the Worker Safety and Health team.
- Deployed staff to support traveler screening at airports, quarantine stations, and repatriation sites.
- Released “[The Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).”
- Developed strategies to increase and conserve respirator and other personal protective equipment (PPE) supplies in healthcare settings.
- Provided technical support to the Food and Drug Administration’s emergency use authorization of respirators not approved by NIOSH.
- Supported the CDC in protecting healthcare personnel from COVID-19.

May–July 2020:

- Increased supply of NIOSH-Approved® respirators through

increasing approvals.

- Expanded support to include more types of workplaces.
- Supported state and local health departments.
- Developed guidance and other communication products for employers and employees.

July 2020–June 2021:

- Focused on guidance for opening and restarting businesses.
- Expanded support to Tribal Nations.
- Developed new guidance and updated existing guidance.
- Focused on key workplaces, such as schools.
- Issued NIOSH COVID-19 research agenda.

July 2021–January 2022:

- Updated and consolidated COVID-19 guidance for workers and employers.
- Supported the Occupational Safety and Health Administration in developing an Emergency Temporary Standard to protect healthcare workers from the virus that causes COVID-19.



Photo by Tempura/Getty Images.

Healthcare workers perform an intubation procedure on a patient with COVID-19 in July 2020.



Photo by Grandriver/Getty Images.

NIOSH staff traveled to help tribal nations protect their populations from COVID-19.



Photo by Library of Congress.



Photo by Library of Congress.

Above left, a homemade sign, like this one on social distancing, in front of a New York, NY, grocery store was a common sight in 2020. Above right, healthcare facilities honored healthcare workers in New York, NY, with this banner.

- Transitioned workplace COVID-19 activities previously led by the Worker Safety and Health Team into NIOSH to continue supporting workers and employers.

NIOSH COVID-19 Response Activities

NIOSH was involved in a broad range of response activities from the beginning. These activities included the following:

- Developed guidance and other communication products.
- Reached out to businesses, governmental agencies, communities, and others.
- Tested, evaluated, and approved respirators.
- Provided support to health departments, employers, and employees.
- Conducted research.

Some of these activities are highlighted below:

Guidance and Other Communication Products

NIOSH developed at least 31 guidance products and 56 fact sheets for the following industries:

- Agriculture
- First responders
- Food services
- Manufacturing and industrial
- Personal services and hospitality
- Public services and sanitation
- Schools
- Transportation
- Healthcare
- Essential services
- General businesses
- Delivery⁵

NIOSH also published strategies for **optimizing supplies** of personal

protective equipment to maximize protection to healthcare workers in the face of shortages.

NIOSH developed communication products on workplace violence, cleaning and disinfection, fatigue and stress, and how to extend respirator supplies. After the vaccine came out, NIOSH published more resources to prevent needlestick injuries for healthcare personnel giving the vaccine.

Technical Assistance

NIOSH staff provided field and virtual assistance to many companies and agencies during the COVID-19 response. They helped a wide range of workplaces—from hospitals to factories—prepare and respond to the pandemic. They helped companies with personal protective equipment and engineering controls. For example, NIOSH engineers developed ventilation guidance and also answered ventilation questions

⁵Howard J, Kitt M, Delaney L [2021]. NIOSH efforts to keep workers and the country safe during the pandemic. NIOSH Science Blog, <https://blogs.cdc.gov/niosh-science-blog/2021/01/04/niosh-covid19-response/>.



Photo by CDC

In the earliest days of the COVID-19 pandemic, more than 200 people were evacuated to Marine Corps Air Station (MCAS) Miramar from Wuhan, China, in February 2020. They were assisted by CDC staff including NIOSH environmental health officer CAPT Bradley King (far left).

from workplaces around the country. As the pandemic moved into 2021, staff tackled workplace issues related to vaccination and helped reduce the spread of COVID-19 in workplaces that were helping unaccompanied children at the Southwest border.

NIOSH employees also helped U.S. citizens returning from cruise ships and countries affected by COVID-19. Later, NIOSH staff went to states and tribal nations across the country. Staff assessed workplaces and traced COVID-19 contacts in communities that had surges in cases. NIOSH also improved the reporting of

industry and occupation on death certificates. NIOSH used job information on death certificates to learn which industries or jobs had more COVID-19 deaths. Researchers used this information to identify workers and their workplaces at greatest risk.

NIOSH also developed various guidance and communication products to protect workers and the public against COVID-19.

- Ventilation
- Screening
- Distancing
- Vaccinations
- Mask types and wearing
- Hand washing

- Cleaning and disinfection
- Respirators

Respiratory Protection Approvals, Testing, Evaluation, and Tools

Widespread respirator shortages left many healthcare workers without the protection they needed to do their jobs. Even those providing COVID-19 patient care didn't always have access to the proper PPE, including N95[®] filtering facepiece respirators, to protect themselves.

NIOSH approves respirators for occupational use so that the people



Photo by Alberto Giuliani/Wikimedia Commons.

A anesthesiologist in an intensive care hospital rests in a hallway. She was exhausted from her work with patients with COVID-19 early in the pandemic.

who wear them can be confident that a NIOSH Approved® respirator will protect them when used properly. Businesses and millions of workers rely on NIOSH's Respirator Approval Program.

During the COVID-19 pandemic, NIOSH published guidance to increase the supply of N95 respirators. NIOSH also did the following to help improve the supply:

- Helped federal partners to expand the types of respirators permissible for use in healthcare.
- Provided technical support to test and evaluate non-NIOSH filtering facepiece respirators that were not approved by NIOSH.

- Evaluated respirators and marketing materials and partnered with federal investigators such as U.S. Customs and Border Protection to address counterfeit and misrepresentation issues.
- Trademarked key NIOSH terminology.
- Established a pathway to apply for temporary public health emergency approvals.
- Published an interim final rule that established a new approval pathway for powered air-purifying respirators (PAPRs) that are appropriate for use in healthcare settings.
- Prioritized applications relevant to the pandemic.

In April 2020, NIOSH more than tripled the speed of respirator approval decisions⁶ to help make more respirators available for the workers who need them. NIOSH did this by asking Respirator Approval Program staff to work longer shifts, 7-days a week. This increased the approval speed of respirators. New approval pathways contributed to increasing the supply of N95 filtering facepiece respirators and elastomeric half mask respirators as well as PAPRs.

To expand the range of respirators available to healthcare personnel, NIOSH worked with the Food and Drug Administration to make more respirators available to use in healthcare settings.

⁶Howard, Testimony May 28, 2020.



Photo by LukatDB/Getty Images

Healthcare workers faced grueling hours, workplace stress, and risks of infection during the COVID-19 pandemic.

NIOSH also developed a [PPE Burn Rate Calculator](#) to calculate the consumption rate for average PPE, to estimate how many days a PPE supply will last given current inventory levels, and to find the PPE use rate.

Research

In 2015, NIOSH established

the Disaster Science Responder Research (DSRR) program within NIOSH's Emergency Preparedness and Response Office. Its goal is to develop approaches to conducting disaster research before, during, and after a public health emergency.

In early March 2020, NIOSH formed a team to look at new worker safety and health concerns

related to COVID-19 from nine topic areas. These areas included the following:

- Economics
- Engineering controls
- Epidemiology and surveillance
- Mental health
- Workplace environmental and exposure assessment
- Workplace violence
- PPE
- Transmission and workplace health
- Zoonosis

A team of NIOSH experts reviewed [COVID-19 research](#) related to each area.

These reviews helped NIOSH identify key findings and research gaps, develop a COVID-19 research agenda, including long-term COVID-19 research goals in NIOSH's strategic plan, and support funding internal "just-in-time" research projects.

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NIOSH COVID-19 RESEARCH

How Data Informed Guidance During the COVID-19 Pandemic

By Cheryl Hamilton, NIOSH Writer-Editor

A Pandemic Unfolds

The COVID-19 pandemic began quietly late in 2019 as an unknown respiratory illness in China's Wuhan Province. On January 21, 2020, CDC activated its Emergency Operations Center (EOC). Not long after, as the virus swept into the United States, shortages of personal protective equipment (PPE) for healthcare workers arose. NIOSH quickly kicked into gear.

Focus on Healthcare Workers

As NIOSH responded to the pandemic, one of the Institute's first priorities was protecting the health of healthcare workers. The pandemic created a nationwide respirator supply chain problem. Manufacturers could not produce enough respirators to meet the

demand. NIOSH went to work, increasing its respirator application decisions from an average of 400 per year to over 800 in 2020 alone. As healthcare workers sought advice about respirators, the question of how to stretch the current supplies and create new opportunities for expanding supplies emerged. At the same time, the public sought advice on the use of medical masks and face coverings to reduce their risk of becoming infected.

Making the Most of Respirator Supplies

The respirator shortage was a huge challenge early in the pandemic. As healthcare workers cared for rising numbers of sick patients, workers and employers looked for ways to add to their scarce N95 filtering facepiece respirator (N95 respirator) supplies. NIOSH



Photo by Health Image Library 24616.

Healthcare workers in a skilled nursing facility test residents for the virus that causes COVID-19.

scientists studied this challenge, offering strategies to protect healthcare workers. These included ways to apply the *hierarchy of controls* to extend N95 respirator supplies while maximizing protection of workers [de Perio et al. 2020]. Employers and employees could use the information to safely and smartly make the most of their N95 respirator supplies.

Frontline healthcare workers wanted to know if they could safely reuse their disposable N95 respirators, a strategy CDC temporarily advised during times of crisis to get through a surge of COVID-19 cases. NIOSH scientists worked in their laboratories to find the answer. They discovered that waiting 5 days reduced virus levels by 93.4%–99.0% on the outside of the N95 respirator, depending on the humidity level [Fisher et al. 2021]. With this reassuring data, frontline workers could feel safer reusing their N95 respirators with the proper handling and storage during times of severe shortages.

Some healthcare workers wear N95 respirators with an exhalation

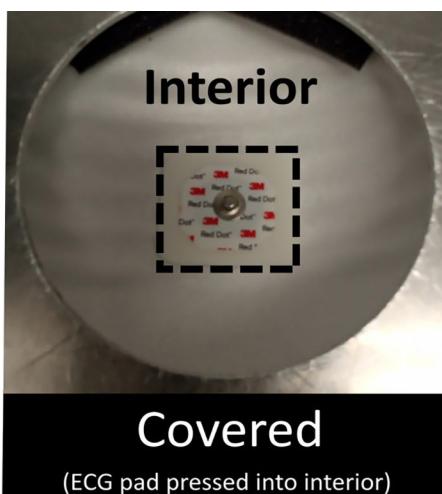
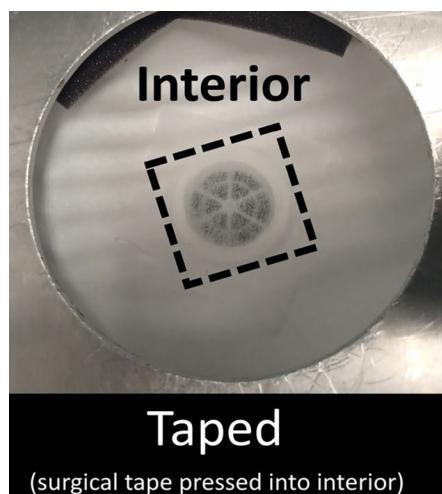
valve that opens when the wearer breathes out. The one-way valve reduces exhalation resistance and can be more comfortable to wear for extended periods. However, unfiltered and potentially infectious droplets are released to the environment. For this reason, early during the pandemic, the CDC had recommended wearing a mask on top of N95 respirators with an exhalation valve. NIOSH researchers wanted to know if that was an effective mitigation strategy, if taped or covered valves provided a better mitigation, and if open, unmitigated exhalation valves posed a problem. Their study found that taping or covering the valves from the inside was the most effective way to reduce the number of particles emitted from the N95 respirator when exhaling.

The study found that even without anything covering the exhalation valve, the number of particles emitted was similar to that of cloth, procedural, and surgical masks. Also, putting a mask over the exhalation valve was not the most effective way to reduce the number of particles

emitted [NIOSH 2020a]. This was the first study to quantify the particles emitted through exhalation valves. CDC updated its guidance based on this study, opening an option for the emergency use of N95 respirators with an exhalation valve in healthcare settings. Additionally, one respirator manufacturer received approval from NIOSH for a respirator configuration that uses a specific taping method for its exhalation valves. This meant that more respirator options were available to healthcare workers.

Effectiveness of Stockpiled Respirators

The federal government—along with states, counties, and hospitals—strategically keeps large quantities of N95 respirators in long-term storage, ready to use in an emergency where demand may outpace supply. With the COVID-19 pandemic, that emergency had arrived. However, in early 2020, these many types of stockpiles stored hundreds of millions of N95 respirators that were



Three ways to cover the breathing valve on a filtering facepiece respirator.

Infographic by NIOSH.

at least 5 years old, many past their manufacturer-specified shelf life.

It was unknown whether N95 respirators past their shelf life remained effective. Importantly, NIOSH had already begun a study to explore this issue in 2018. NIOSH moved swiftly to analyze and interpret the performance data from over 4,000 stockpiled respirators that were collected from 10 federal, state, and regional stockpile facilities from that study. These N95 respirators were evaluated to determine if they met the minimum NIOSH requirements for filtration efficiency and breathing resistance. This study found that while 98% of the sampled N95 respirators met NIOSH's performance requirements despite most being past their shelf life, two specific models would not be protective if stored past their shelf life. NIOSH published its methodology and findings across 12 documents, providing the evidence needed to establish an FDA Emergency Use Authorization and release of hundreds of millions of N95 respirators from stockpiles that were beyond their shelf life [Greenawald 2020].

Reusing and Decontaminating Respirators

N95 respirator shortages also caused many healthcare workers to reuse respirators. Early in the pandemic (2020), CDC published evidence-based reuse guidance using NIOSH research in this area that began as far back as 2006. Research into methods for decontaminating respirators was crucial to protecting workers who handle

respirators that had formerly been contaminated with viruses [Fisher and Shaffer 2014, Fisher et al. 2009, Fisher et al. 2012]. NIOSH research was also crucial when considering the integrity of the respirator straps and nosepiece after multiple wears and how that may impact the ability of the respirator to provide a sufficient fit to the wearer's face [Bergman et al. 2012]. This research provided the evidence that drove CDC guidance (2020) that only "limited reuse" (not to exceed five separate wears) should be implemented only in times of shortages. The FDA used NIOSH's research to inform its [Emergency Use Authorization](#) respirator decontamination methods (issued in January 2021 and revoked in June 2021 as respirator availability increased).

NIOSH also set up a service function to assess respirators by studying the effects of different decontamination methods. The particulate filtration performance, fit, and strap integrity of the N95 respirators were assessed. These assessments were free and open to the public. Decontamination system developers used NIOSH's services to evaluate how their decontamination method affected respirator performance. NIOSH produced 42 [assessment reports](#) based on its evaluations of more than 20 decontamination methods where 1,350 respirators were tested in all. The FDA used NIOSH testing methods and NIOSH guidance to establish [Decontamination Systems for Personal Protective Equipment Emergency Use Authorizations](#) for 13 decontamination systems. This resulted in millions of N95 respirators being safely reused across the country.

Studying Infected Healthcare Workers Within Race and Ethnic Groups

To further protect healthcare workers, NIOSH researchers studied healthcare workers with COVID-19. NIOSH co-led the analysis of almost 9,300 COVID-19 cases among healthcare workers reported by states to CDC from February 12 to April 9, 2020. The results provided the first national-level healthcare workers COVID-19 case numbers. This included information on sex, age, race, possible place of infection, presence of underlying health conditions, and illness and death. The study demonstrated that it is critical to ensure the health and safety of healthcare workers, both at work and in the community. Improving surveillance through routine reporting of occupation and industry of individuals with disease would not only benefit healthcare workers, but all workers [Burrer et al. 2020]. The findings resulted in adding more healthcare work-related questions to the COVID-19 National Case Report Form and creating a public-facing CDC dashboard for national healthcare workers cases and deaths. The study was widely read and cited by the World Health Organization, Amnesty International, and the United Kingdom government in policy documents and by others over 600 times. An update to this study was [published](#) in September 2020.

Other studies noted that people in some racial and ethnic groups were more likely than others to get COVID-19. A NIOSH scientist

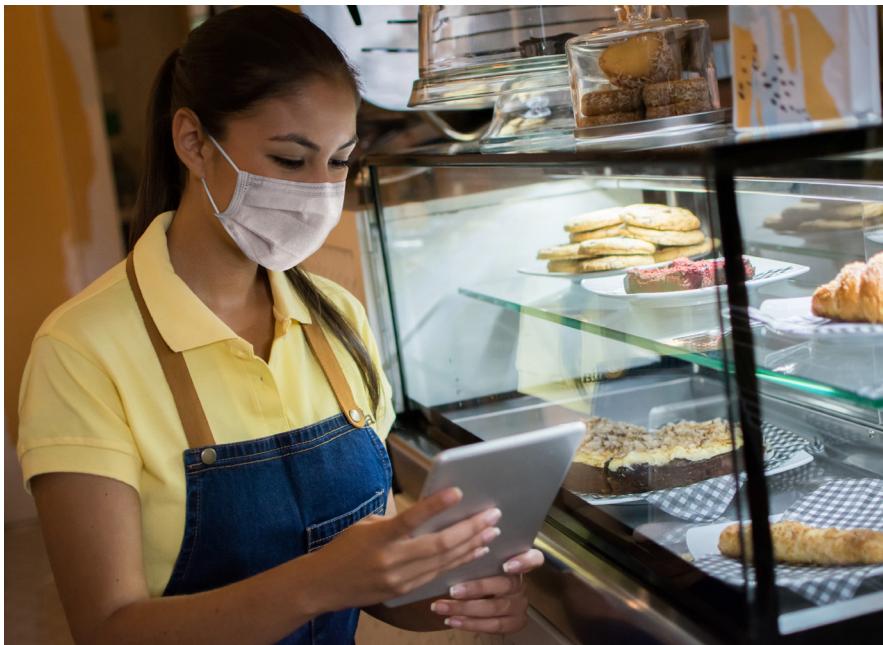


Photo by Hispanolistic/Getty Images

Food service employees in 2020 often wore disposable masks to reduce the chance of spreading infections.

Wearing a mask that fits tightly to your face can help limit spread of the virus that causes COVID-19

02/10/2021

In lab tests with dummies, exposure to potentially infectious aerosols decreased by **about 95%** when they both wore tightly fitted masks

Other effective options to improve fit include:

CDC.GOV bit.ly/MMWR21021 MMWR

The infographic is a CDC and MMWR publication from February 10, 2021. It highlights the effectiveness of tightly fitted masks in reducing the spread of COVID-19. It compares a cloth mask over a medical procedure mask with a medical procedure mask with knotted ear loops and tucked-in sides. It also lists other effective options: 'Mask fitter' and 'Nylon covering over mask'. The CDC logo and the URL 'bit.ly/MMWR21021' are at the bottom left, and the MMWR logo is at the bottom right.

Study results show that mask adjustments or a cloth mask over a medical procedure mask highly impact their effectiveness.

studied data to see if these groups more often worked in jobs with a potentially higher risk for COVID-19, such as food service and bus driving. These are jobs where workers had faced increased challenges in practicing preventive measures, such as physical distancing or working from home.

Results showed that Black and Hispanic or Latino people make up a high number of employees in these potentially riskier jobs; therefore, their jobs could be a risk factor for COVID-19 [Asfaw 2021]. Another study found that a higher proportion of Black and Hispanic or Latino workers in

some jobs may be at an increased risk for exposure to the virus that causes COVID-19 because their work involved being closer to others [Cox-Ganser and Henneberger 2021]. These studies provided reasons to increase focus on these worker groups during the COVID-19 response, offering them all preventive measures possible, including vaccinations.

Mask Effectiveness Study

NIOSH researchers did a study that used simulators (manikins) to see if improving the fit of masks made them more effective. They looked at two ways of improving fit: first, by knotting the ear loop of a medical procedural mask to reduce open edges around the face; and second, by wearing two masks with a cloth mask over a medical procedural mask. The results showed that getting a better fit could help contain more exhaled respiratory droplets coming from someone—both when they cough and when they are breathing regularly. Improving mask fit also lessened the total exposure of someone receiving the particles, especially if that person is also wearing a well-fitted mask [Brooks et al. 2021]. As of mid-August, 2021, this article had almost half-a-million views.

On February 10, 2021, days before the Brooks et al. study was originally published, CDC Director Rochelle Walensky spoke during a [White House coronavirus briefing](#). She said that mask guidance would be changing because of the new data. She stated that masks work, and they work better when worn properly and



Photo by Turnaseedgar/Getty Images.

Many businesses closed because of the pandemic.

fitted correctly. Further, she said that wearing tighter or layered masks made them more effective and better protected users.

Pandemic Job Loss

Living and working in a pandemic increased stress for everyone. As a result of the pandemic, many people lost their jobs or had their hours reduced or increased. In one study, NIOSH scientists looked at the effects of pandemic job loss. They noted much worse mental and physical health outcomes for those who experienced work changes and were in lower income groups. The study results pointed to giving continued support of these workers, both financially and socially [Guerin et al. 2021].

NIOSH COVID-19 Related Research Beyond Healthcare Workers

NIOSH focuses on all workers, offering job-specific recommendations based on scientific research and data. Some of this work appears in the next section. In March 2021, NIOSH developed a

COVID-19 research agenda to help plan and make priorities for NIOSH's COVID-19 related occupational research. The agenda recognized nine critical areas to guide NIOSH COVID-19 research:

1. Economics
2. Engineering controls
3. Epidemiology/surveillance
4. Mental health
5. Workplace environmental/exposure assessment
6. Workplace violence
7. PPE
8. Transmission/workplace health
9. Zoonosis [NIOSH 2021]

This occupational research agenda also identified priority gaps that should be addressed.

Ventilation in Ambulances

NIOSH researchers conduct studies to learn more on how viruses spread in order to keep workers safe. In one such study done before the pandemic, NIOSH researchers saw a need and studied how an ambulance ventilation system

might lessen the exposure of emergency medical service workers to particles in the air. This information was critical because emergency workers transport infected, coughing patients in a confined space. Researchers found that, even when the air inside the ambulance is exchanged quickly with fresh air from outside, current ventilation systems don't give enough protection; nor does staying behind a patient's head. The results helped inform guidance for emergency workers. The results also showed that control systems needed to be improved, and workers should take action—such as wearing respirators—to keep themselves safe [Lindsley et al. 2019].

Meatpacking and Poultry Processing

Meatpacking and poultry processing were hit hard by the pandemic. These plants, usually in rural communities, employ workers who largely consist of immigrants and people from racial and ethnic minority groups. These workplaces



Emergency workers wearing protective equipment in an ambulance with a patient.

Photo by Gorodenkoff/Getty Images.

needed help quickly to keep operating. NIOSH sprang into action, assessing the plants and creating guidance for employees and employers. This guidance included separating workers to maintain physical distance, increasing disinfection and ventilation, and educating workers on how the virus that causes COVID-19 spreads [NIOSH 2020c,d].

Wildland Firefighters

Wildland firefighters are essential workers and data shows that wild-fires have increased in the size of the area they burn. Firefighters live and work in congregate settings and remote locations as they fight fires. NIOSH researchers wanted to see if wildland firefighters' work conditions and environment affected their risk for COVID-19 and severity of disease. Researchers studied the effects of particles in the air from wildfire smoke as well as other working conditions. Researchers learned that wildland firefighters face a higher risk for severe COVID-19 and disease outcomes [Navarro et al. 2021]. This information could help reduce risks for those workers, as well as others exposed to wildfire smoke. NIOSH staff also authored a frequently asked questions resource for wildland firefighters that provides recommendations to prevent COVID-19 in this worker population.

Work-specific Guidance

Throughout the pandemic, NIOSH produced dozens of workplace-specific guidance documents and contributed to others. These included guidance for workers in

manufacturing [NIOSH 2020b], airlines [NIOSH 2020e,f,g,h,I,-j,k,l], banks [NIOSH 2020m], and recycling centers [NIOSH 2020n], to name a few. These industry-specific guidance documents, in the form of fact sheets and plain language publications, reached workers and employers in the workplace, giving them practical and valuable guidance to prevent the spread of COVID-19.

Effectiveness of Masks, Gaiters, and Face Shields

A team of NIOSH researchers studied the effectiveness of masks, neck gaiters, and face shields in keeping a user's respiratory aerosols from spreading during a cough. Through this study we learned that masks and gaiters protected those around us better than face shields. The study results were widely distributed. As a result of this data, CDC updated its mask guidance, recommending that masks worn be two-ply, and recommending that a face shield not be a substitute for mask-wearing [Lindsley et al. 2021]. Another NIOSH study looked at how mask fit modifications, including using a mask brace, improved the performance of a face mask as a source control device [Blachere et al. 2022]. The results showed that how effectively a mask blocks viruses depends on how well the mask material filters exhaled aerosols and how well the mask fits the wearer.

As the pandemic grew, more workers joined in the efforts. Along with healthcare staff in hospitals and medical offices, workers responded to COVID-19

outbreaks in settings where people gather, like homeless shelters and cruise ships. A group of workers showed flu-like symptoms after responding to the quarantine of cruise ship passengers after a COVID-19 outbreak at sea. NIOSH researchers wanted to know if these workers got COVID-19 despite the use of preventive measures. Researchers found that of the nine workers reporting flu-like symptoms, two tested positive for the flu, and nine tested negative for COVID-19. Based on the results of this study, workers could be more confident that preventive measures, such as wearing effective masks, gaiters, and face shields, protected them from the virus [Harvey et al. 2022].

NIOSH Scientists Sent to Support Vaccines Studies in the Broader COVID-19 Response

In two studies, NIOSH scientists traveled to work with others in CDC to learn more about COVID-19 vaccines. In the first study, in the summer of 2021, the Delta variant was spreading more easily than previous COVID-19 variants. NIOSH researchers contributed to the study of how vaccinated people at a large public gathering tested positive for COVID-19 [Brown et al. 2021]. CDC changed its guidance the day after the study was published, recommending that all people, including those who had been vaccinated, wear masks in public places in areas where COVID-19 is spreading rapidly. Through this work, we learned more about the

spread of the Delta variant, as well as the positive effect of preventive measures, such as wearing masks and physical distancing. As of mid-August, 2021, the article had more than 700,000 views.

A second CDC vaccine study that NIOSH contributed to focused on the safety of COVID-19 vaccinations for pregnant people. In this study, preliminary results found no safety concerns for pregnant people who received COVID-19 vaccinations, although the study did recommend long-term follow-up to learn more about maternal and child health [Shimabukuro et al. 2021].

In April 2021, CDC Director Walensky cited the Shimabukuro et al. study in a [press briefing](#), saying that CDC recommended that pregnant people should receive the COVID-19 vaccine. She further said that vaccinations appeared safe for those in their third trimesters. Within about 2 months, this article received almost 2 million views.

Living During a Pandemic

Over 2 years have passed since the COVID-19 pandemic began, and what is around the corner is unknown. Living with COVID-19 means living with vaccines, testing, and preventive measures with an eye on data to make sure these strategies keep working.

Testing for the virus that causes COVID-19 was part of the process to safely return to our workplaces and schools. NIOSH published several articles giving employers and workplaces a framework to set up screening testing in non-



Businessman cleans conference table during COVID-19 pandemic.

Photo by SDI Productions/Getty Images.



Photo by Smnedererac/Getty Images.

Cashier in supermarket wearing mask and gloves behind a transparent barrier during the COVID-19 pandemic.

healthcare workplaces [Schulte et al. 2021a], and pooled employee testing in areas where the virus is not spreading as fast [Schulte et al. 2021b]. The [World Health Organization](#) and [OSHA](#) cited these approaches in policy documents.

NIOSH continues to offer data-driven information to

protect workers. For example, NIOSH researchers studied how using multiple ways to lessen the chance of spreading the virus—such as universal masking, physical distancing, and HEPA air cleaners—reduced aerosol exposure in a meeting room [Coyle et al. 2021]. Another

NIOSH study focused on how well transparent barriers work to protect workers from the virus that causes COVID-19. This study gave preferences for what barrier height and width should be used for workers who either sit or stand as they face their customers [Bartels et al. 2022]. These continuing studies provide the data needed to create science-based policies to keep workers safe in the workplace as we all pivot toward a world where we live with COVID-19.

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The Impact of NIOSH Respirator-related Webpages

Institute Impacted Millions During the COVID-19 Pandemic

By Cheryl Hamilton, NIOSH Writer-Editor

When the COVID-19 pandemic began, many issues confronted public health experts at the same time. This included a critical shortage of respirators, particularly for healthcare workers. NIOSH responded by releasing guidance to help workers and their employers manage their respirator supplies to stay as safe as possible through the unprecedented surge in demand.

The Impact of the Personal Protective Technology Program

The Personal Protective Technology Program within NIOSH includes the NIOSH Respirator Approval Program. Staff from the Respirator Approval Program test and evaluate respirators, approving only those respirators that meet minimum requirements necessary to protect workers. The Respirator Approval Program averages 400 respirator application decisions each year, but to meet the demands of the pandemic, it completed over 800 in 2020 alone.

In the first 18 months of the pandemic, many NIOSH webpages focused on respirator guidance, which was developed and maintained by the NIOSH team in the Emergency Operations Center (EOC) and the NIOSH Personal Protective Technology Program. As the situation evolved, so did this guidance. NIOSH provided much-needed information on respirator use and identifying NIOSH Approved respirators, and Americans depended on this information.

Featured here are brief descriptions for four of the most-visited NIOSH webpages. Three were included in a list featured in a NIOSH Science blog, [The Most-viewed NIOSH Products of 2021](#). Metrics were collected in August 2021.

NIOSH Approved N95 Respirators

With NIOSH Approved N95 respirators and Surgical N95 respirators being so critical to healthcare delivery, it makes sense that the webpage that [directly lists](#) all of



Photo by Spovidoff/Getty Images

Healthcare worker wearing a NIOSH Approved N95 respirator.

these NIOSH Approved products had over 3.3 million visits and the [landing page](#) leading to the direct list received over 1.8 million visits. The page directly listing N95 respirators gives information on approved N95 respirators, including the model and approval number, manufacturer and contact information, valve or no valve, and official donning instructions. The landing page lists all particulate filtering facepiece respirators, not just N95 and Surgical N95 respirators: N99®, N100®, R95®, P95®, P99™, and P100®. Those seeking respirator alternatives to the N95 filter class were able to use information on that page to identify NIOSH Approved filtering facepiece respirators that provide more than the minimum level of protection needed for the virus that causes COVID-19. NIOSH's [Certified Equipment List](#) has all NIOSH Approved respirators.

How to Spot Counterfeit Respirators

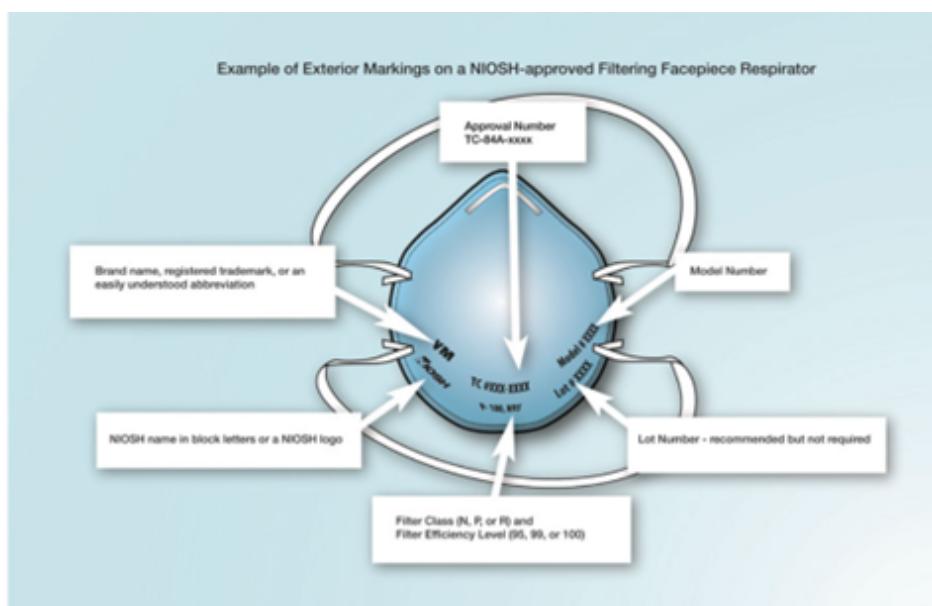
During the COVID-19 response, bad actors took advantage of the need for NIOSH Approved respirators. The number of counterfeit respirators, and respirators misrepresenting the NIOSH approval on the market, increased. When NIOSH became aware of these respirators, NIOSH posted them on the page, "[Counterfeit Respirators/Misrepresentation of NIOSH Approval](#)," which has over 1.8 million visits. This webpage offers instructions on how to detect counterfeit respirators, including photographs of specific counterfeit products and a graphic showing what to look for in a genuine, approved respirator.

Ways to Meet the Demand of Respirator Shortages

During the early months of the pandemic, when there was a critical need for reliable respirators

to help protect workers, NIOSH responded by assessing respirators that claimed to meet international standards but were not NIOSH Approved. This webpage, titled "[Respirator Assessments to Support the COVID-19 Response, International Assessment Results](#)," gave information that workers needed about the level of filtration provided by these respirators that were not approved by NIOSH. These included KN95s from China, KF94s from South Korea, and other filtering facepiece respirators from countries within the European Union. The webpage received over 1.2 million visits, mostly from the United States, China, and Canada.

These data for this article were collected, and this report was prepared in the fall of 2021. However, the work on responding to the COVID-19 pandemic continues.



Graphic from NIOSH webpage showing how to tell if a respirator is counterfeit.

Stories from the Field

Experiences of NIOSH Deployers in Support of the CDC Response to COVID-19

By Seleen S. Collins, NIOSH Writer-Editor (Former)

Even before COVID-19 was officially declared a pandemic in March 2020, NIOSH was at the forefront of efforts to keep workforces safe from the virus. When COVID-19 began to spread, NIOSH subject matter experts immediately began providing guidance to CDC employees who were fielding questions from the public, and to public health partners in various state and local agencies. But, as part of the CDC COVID-19 response work, NIOSH staff also deployed directly to locations where COVID-19 could be a source of community spread: entry points into the country (cruise ship docks and airports), and high-risk workplaces and other institutions (meatpacking, correctional facilities, and an occupational health clinic). Here are some of the stories of responders who deployed throughout the country, starting with my own experience early in the response.

U.S. Airports

Just before the first few cases of COVID-19 were confirmed in the United States, CDC sent out a request for all employees to consider volunteering to help interview passengers at several of the country's largest airports.

As a writer-editor, I supported NIOSH communication efforts during past emergency responses, but I had never had an experience like this. At long last, here was a chance to serve where responders were needed, so I jumped at the opportunity. Over the course of one weekend, I notified my supervisor, made my travel arrangements, packed a small bag, and got on a plane to Chicago.

On January 18, 2020, I arrived at Chicago O'Hare International Airport to serve as a secondary interviewer of international travelers. With my teammates—who had volunteered from other parts of CDC—I interviewed about 600 passengers daily who were arriving in Chicago directly or indirectly from China. We interviewed these travelers (both passengers and flight crew members) about possible COVID-19 symptoms and history of travel in or near Wuhan, and we gave them information about social distancing and monitoring their health. During the first few days of my deployment, between flight arrivals, I helped compile training materials and develop screening area procedures for CDC staff who were sent to O'Hare. CDC COVID-19 guidance



Seleen Collins waits for air travelers to arrive in the screening area.

Photo by NIOSH.



This flight from Shanghai was one of the last to arrive at Chicago O'Hare International Airport before international travel was curtailed in February 2020.

Photo by NIOSH.

was changing frequently because of the unknown characteristics of the virus, so we updated these materials and procedures often.

The interview process involved coordinating with the airport quarantine station staff, firefighter volunteer responders, U.S. Customs and Border Protection officers, and flight attendants who served as translators.

I was happy to have the chance to support CDC in this public safety and health effort. In those early days of COVID-19, when the virus was still “novel,” my deployment teammates and I hoped that our work would be enough to protect the nation from its effects. However, by the time I returned to my home in Virginia on February 14, COVID-19 had begun to spread. As the CDC response accelerated, many more NIOSH employees stepped up to support the rapidly growing response.

Cruise Industry

An outbreak on board the *Diamond Princess* cruise ship in February 2020 meant that 3,700 passengers and crew members needed to end their trip earlier than planned. The ship became stranded in the waters near Yokohama, Japan, and the travelers had to stay in their cabins. A U.S. effort to bring the travelers back to the United States brought the passengers to San Antonio, Texas, where they would stay in quarantine for 2 weeks at Lackland Air Force Base.

Jessica Li was one of the NIOSH scientists who traveled to San Antonio to help the group (February 16–March 6, 2020). Li

and her teammate Reed Grimes, a U.S. Public Health Service officer also working with NIOSH, led efforts to protect safety and health for evacuees quarantined in a sectioned-off area of the military base. Li and Grimes also consulted on efforts to protect team members who were assuming care of COVID-19 patients at a local hospital.

Li said that one of the most rewarding parts of the experience was going through the full 14-day quarantine with people coming back into the United States. As she chatted and visited with them while taking their temperatures, Li was able to build rapport and got to know these people as individuals in a very difficult situation. “A few arrived at the site angry, stressed, upset, and rightfully so, since they had spent days in isolation on a cruise ship,” Li said. “Now (they) were facing many more days of being stuck in a foreign place, away from home, with limited freedom. The happiest moment for me was seeing their faces and celebrations as they lined up to ‘graduate’ out of quarantine.”

Li said one of the most stressful situations she remembers was in the hours leading up to the end of their 14-day quarantine period. Some officials worried whether it was safe to let the people coming back into the United States leave and potentially interact with the public as they traveled home. “This and other situations where we had to navigate unknown territory and unforeseen problems were definitely the most stressful,” Li said.

“I am proud that as an Institute, we have maintained our presence as technical experts,” Li



Photo by NIOSH.

Jessica Li, at right, in the personal protective equipment donning area with other members of her deployment team.

said, adding that the work and accomplishments have been worth the exhausting efforts. “From this role and beyond, it has been a tiring but essential endeavor,” she said. “I am grateful to everyone who has served with me and for the experience and knowledge I’ve gained in the process. I am excited to leverage the partnerships we’ve created to improve the health and safety of our nation’s workers.”

Correctional Institutions

In autumn 2020, NIOSH researcher Wes DuBose also helped answer the call at a medium-security correctional facility when outbreaks began. DuBose’s supervisor, who was working with the response at the time, approached DuBose and said, “Hey, we might have a situation for you.” Like many deployments, the request was sudden, and the turnaround was

quick. Within 24 hours, DuBose had packed his bags and was ready to deploy as an expert in infection prevention and control.

It was mid-October when DuBose arrived at a medium-security correctional facility in Wisconsin. The facility was already in the middle of a severe COVID-19 outbreak among incarcerated persons and correctional officers. For more than 2 weeks, DuBose worked with a team of NIOSH, CDC, U.S. Public Health Service, and Wisconsin Department of Health Services representatives. “Some of us had been deployed previously and others were new and fresh, but we all understood the magnitude of the situation,” he said.

“Sometimes it was overwhelming to process everything that was going on, but we were hopeful. With boots on the ground, we picked up steam and were able to make significant progress.”

The most important concern from the perspectives of epidemiology, infection prevention and control, and occupational safety and health was the intake process for newly incarcerated persons and incarcerated persons transferring from other facilities. Some had COVID-19 symptoms; others appeared healthy or asymptomatic. All were assigned to various housing units. No standardized COVID-19 intake classification system was in place to classify those who were sick and not sick. DuBose said that at first, the facility staff were not trained in how to define the cases and how to house them.

After touring and observing at the facility over several

days, the team members held a meeting with the head warden, head occupational nurse, and correctional workers to present their initial findings. They talked about how to prioritize improvements, to address both immediate and future concerns; they also provided a written report after the site visit that outlined the findings and recommendations in further detail.

“With boots on the ground, we...were able to make significant progress.”

—Wes DuBose

“We had a long list that we were able to communicate to them,” DuBose said. They had to balance that support with feedback about what was feasible for security at the facility. In making recommendations, the response team also kept in mind the morale of incarcerated persons. “We knew we needed to manage protective measures but not be forceful about it, because we didn’t want [incarcerated persons] to equate it with punishment,” DuBose said. “This was pretty difficult to deal with, but we were able to help them in a lot of ways. I was excited to be able to provide that support despite the logistics; what may be feasible in our eyes may not be feasible from the security perspective.”

DuBose said one of the most rewarding aspects of his deployment was interacting with incarcerated persons and staff members. “It was a pretty open-door policy [with the staff]. We

walked in with full personal protective equipment, and they were able to ask questions individually and in groups. It was a good opportunity just to find out what was going on, because a lot of them were scared and had questions.” His availability to incarcerated persons as a resource for health information helped them feel better and hopeful about the situation, which DuBose found especially rewarding. “Just to build that trust that we were fighting for them and their safety and health—that was our objective, and I think we were able to accomplish that.”

CDC Occupational Health Clinic

Although many NIOSH responders deployed to worksites across the country, in March 2020 Pattama Ulrich, a U.S. Public Health Service officer working with NIOSH, deployed to the Occupational Health Clinic at CDC headquarters in Atlanta. There she and a team of CDC coworkers—providers, nurses, pharmacists, and nonclinical staff members—began serving 30-day rotations providing support to the overwhelmed clinic.

“They desperately needed nurses; they had lost three people to retirement just before COVID hit,” she said.

With the pandemic, the demand for CDC deployment medical clearances through the clinic rose 800%. Her team did clinical and administrative tasks as part of the medical clearance process, to help keep deployments on track. “This included triaging requests from the CDC Emergency

Operations Center, interfacing with deployers, coordinating medical chart reviews or in-person appointments, preparing and administering required vaccines, and serving as clinical subject matter experts,” she said. The team also consulted on medicine and did health screenings for CDC staff about to deploy. The screenings could include taking vital signs, taking an electrocardiogram (EKG), doing eye examinations,

checking vaccination records and medical histories, and verifying requirements based on where staff were deploying.

“People don’t usually tie the CDC Occupational Health Clinic to the COVID-19 response, unless they go in for a screening or vaccination,” Ulrich notes. “But now our own employees were working for the safety of CDC and NIOSH deployers. Meeting them and contributing to their health and safety was one of the best parts.”



As a gift to the Occupational Health Clinic, Ulrich illustrated its mission statement for the clinic's waiting room.

Photo by NIOSH.

Research Highlights 2021

NIOSH communication products covered a wide range of workplace safety and health issues in 2021. These included many products to communicate important information on workplace responses to the COVID-19 pandemic.

Other workplace issues also became the focus of NIOSH research articles. These included perennial worker safety and health issues that involve preventing falls, chemical exposures, combating misinformation, the opioid overdose epidemic, workplace deaths, and many more wide-ranging topics.

Jobs With High Risk of COVID-19 Exposure Often Employ Black and Hispanic Workers

Asfaw A [2021]. Racial disparity in potential occupational exposure to COVID-19. *J. Racial and Ethnic Health Disparities*, <https://doi.org/10.1007/s40615-021-01110-8>.



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Prevention measures, such as personal protective equipment, are especially important in high-risk jobs.

Job type can contribute to the disproportionately high risk of COVID-19 exposure among workers of certain racial and ethnic groups, according to a [recent study](#).

In the study NIOSH investigators considered three potential ways work could create differences in exposure to COVID-19: more exposure to infection in the workplace, less ability to maintain physical distancing when working, and allowing for remote

work from home. They used records from the March and April 2020 Current Population Survey and O*Net, a publicly available nationwide source of occupational information.

The results showed that Black and Hispanic workers disproportionately faced the highest risk of COVID-19 exposure at work. Relative to their share of the total workforce, Black workers were overrepresented in

several job types with high risk of potential exposure: occupational and physical therapy, healthcare diagnosis or treatment, health technology, other healthcare support, and funeral services.

Black workers were also overrepresented in jobs with less ability to maintain physical distancing. In addition to occupational therapy, these jobs included protective services, law enforcement, food preparation and serving, special education,

healthcare diagnosis or treatment, health technical specialties, social work, and firefighting and prevention.

Similarly, relative to their share of the total workforce, Hispanic workers were overrepresented in several jobs with less ability to work from home:

- Construction
- Forest conservation and logging
- Vehicle and mobile equipment specialties

- Water transportation
- Material moving
- Building cleaning and pest control
- Plastic, metal, and woodwork
- Food processing
- Installation

These results highlight racial disparities among workers and the importance of prevention measures, especially in high-risk jobs, such as personal protective equipment, training, ample working space, and vaccinations.

Prevention Through Design: Production Tables on Mast Climbers Can Help Prevent Falls and Reduce Back Injuries

Pan CS, Ning X, Wimer B, Zwiener J, Kau T-Y [2021]. Biomechanical assessment while using production tables on mast climbing work platforms. *Appl Ergon* 90:103276, <https://doi.org/10.1016/j.apergo.2020.103276>.



This diagram shows a mast climber outfitted with production tables.

A mast climber is a piece of elevating equipment with a powered drive unit that moves a work platform up and down a vertical mast structure. Mast climbers have been available since the 1980s. Even so, limited studies have investigated their impact on worker safety and health. To address this gap, in 2021, a study by NIOSH researchers investigated the use of an alternative mast climber equipped with a production table. They aimed to see that if they added a production table to the platform if they could reduce instability and trunk motion for masons when performing bricklaying on mast climbers. The production table would also

remove the need to step down to a lower plank. Stepping down to the lower plank from an elevation can also lead to injuries like falls and musculoskeletal disorders.

The study measured whole body sway and the trunk posture of masons using a traditional setup and compared them to measurements taken when the mast climber was equipped with a production table. The study included two laboratory setups: (1) standing on a mast climbing work platform with a production table and laying bricks, and (2) stepping down onto the step deck to get into position for bricklaying. The researchers found that production

tables improved masons' stability on elevated mast climbers and reduced trunk motion while laying bricks on mast climbers. These two risk factors may lead to falls from elevation and back injuries during bricklaying tasks. The researchers found that the use of the L-shaped production table resulted in less trunk motion and fewer trunk angles when compared to both the straight-shaped production table and the traditional mast climber setup without the production table.

Adding a production tables to a mast climber may increase safety, lead to fewer injuries, and lower the risk of falls.

Occupational Exposure to High-level Disinfectants and Risk of Miscarriage Among Nurses

Ding M, Lawson C, Johnson C, Rich-Edwards J, Gaskins AJ, Boiano J, Henn S, Rocheleau C, Chavarro JE [2021]. Occupational exposure to high-level disinfectants and risk of miscarriage among nurses. *Occup Environ Med* 78(10):731–737, <https://doi.org/10.1136/oemed-2020-107297>.



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Healthcare professionals, including those who are pregnant, may use high-level disinfectants on medical devices.

Healthcare professionals, including those who are pregnant, may use high-level disinfectants on medical devices. Some of the chemicals cleared by the Food and Drug Administration for use in healthcare settings include glutaraldehyde, peracetic acid, hydrogen peroxide, hypochlorous acid and hypochlorite. HLDs are powerful chemicals that can be 100% effective cleaning agents that completely kill all germs on the devices.

Researchers have found that exposure to HLDs can cause short-term health effects. After longer periods of

use they may cause asthma or symptoms that resemble asthma. Little is known about the health effects of HLDs on pregnant healthcare workers who use HLDs. A [2020 study](#) of 2,579 nurses with 3,974 pregnancies found that exposure at work to HLDs may increase the risk of miscarriage. The study included people who had at least one pregnancy during follow-up. When a comparison was made to pregnancies that occurred within 12 months of exposure, researchers found that exposure to HLDs at work was associated with risk of miscarriage.

Getting There First: A Public Health Model for Using Wikipedia to Combat Misinformation

Mietchen D, Rasberry L, Morata T, Sadowski JP, Novakovich J, Heilman JM [2021]. Developing a scalable framework for partnerships between health agencies and the Wikimedia ecosystem. *Res Ideas Outcomes* 7:e68121, <https://doi.org/10.3897/rio.7.e68121>.

In 2020, the world was not only fighting a pandemic, but also battling an “infodemic” of misinformation. An infodemic occurs during a pandemic or epidemic when an abundance of information, both accurate and misleading, spreads rapidly. Competing narratives, claiming opposite truths, make it difficult for people to make sound decisions to look after their health. Infodemics have occurred in the past, but the scale of misinformation during the COVID-19 pandemic made public health agencies aware of the need to find or develop new strategies to manage misinformation and help people locate trustworthy and reliable information and guidance.

The authors of a [study](#) called for researchers to develop new strategies to help public health agencies identify the right timing, tone, and ways to respond to misinformation. They suggest that one such strategy could rely on getting ahead of misinformation, by developing proactive responses that would act like a vaccine against misinformation. Making trustworthy health information easier to locate and understand is a needed first step, so that evidence-based public health practices can be put into use. During infodemics, public health agencies must rapidly translate evidence-based health information for the public.

The study identified Wikipedia as a popular global source of health information with high traffic, in multiple languages with acceptable quality control practices. Wikipedia could be used to get ahead of misinformation. During the Ebola crisis and



Photo by Iryna Imago/Getty Images

Misinformation spreads rapidly online in an infodemic, which makes it difficult for people to find reliable health information.

COVID-19 pandemic large numbers of people on the internet located health guidance through Wikipedia. The study proposed developing an interactive guide on Wikipedia platforms to support health agencies, health professionals and communicators to use Wikipedia to quickly distribute key messages during crisis situations. The guide aims to cover basic features of Wikipedia, including adding key health messages to Wikipedia articles that cite expert sources to make it easier to fact-check information and sources, and translate messaging into multiple languages. Wikipedia also offers automated metrics to measure reach among many other benefits identified in the research article.

Work-related Deaths in Alaska Remain High

Lucas D, Fitzgerald, Case S, O'Connor M, Syron L [2021]. Persistent and emerging hazards contributing to work-related fatalities in Alaska. *Am J Ind Med* 63:693–702, <https://doi.org/10.1002/ajim.23137>.



Most of the work-related deaths in the study occurred among commercial fishing workers.

Since the 1980s, improvements in workplace safety have helped decrease the risk of death in the workplace. However, work-related deaths in Alaska remain three times higher than in the rest of the United States.

NIOSH investigators reviewed work-related deaths from 2004 to 2018 recorded in the Alaska Occupational Injury Surveillance System, which tracks workplace deaths and injuries. During the 15 years studied, 517 work-related deaths occurred, according to the research published in the *American Journal of Industrial Medicine*. Most of the deaths occurred among

white men who worked in the commercial fishing industry. Their average age was 42 years old.

The leading cause of work-related death was water vehicle incidents, which accounted for 28 percent of the total number. At the same time, these deaths dropped from 67 in 2004–2008, to 35 in 2014–2018. Most of the deaths related to water vehicle incidents were from drowning. Aircraft incidents were the second-leading cause, accounting for slightly more than 20 percent of deaths. Most of the workers who died in aircraft incidents were pilots, followed by water transportation workers, and tour and travel guides. The third-leading cause was suicide, which accounted for nearly 9 percent of deaths, and the most common method was firearms. The number of suicides rose from 4 during 2004 to 2008, to 22 during 2014 to 2018.

Emerging risks for work-related death include homicide and unintentional overdoses. The number of homicides increased from 7 during 2004–2008 to 13 during 2014–2018. Most of the work-related homicides happened to law enforcement officers, followed by managers, and motor vehicle operators. Most of the unintentional overdoses occurred among commercial fishing workers. These results can help inform and guide research and prevention efforts to protect Alaskan workers.

Overdose Epidemic is Having Unequal Impacts Across the Workforce

Osborne JC, Chosewood LC [2021]. NIOSH responds to the U.S. drug overdose epidemic. *New Solut* 31(3):307–314, <https://doi.org/10.1177/10482911211040754>.

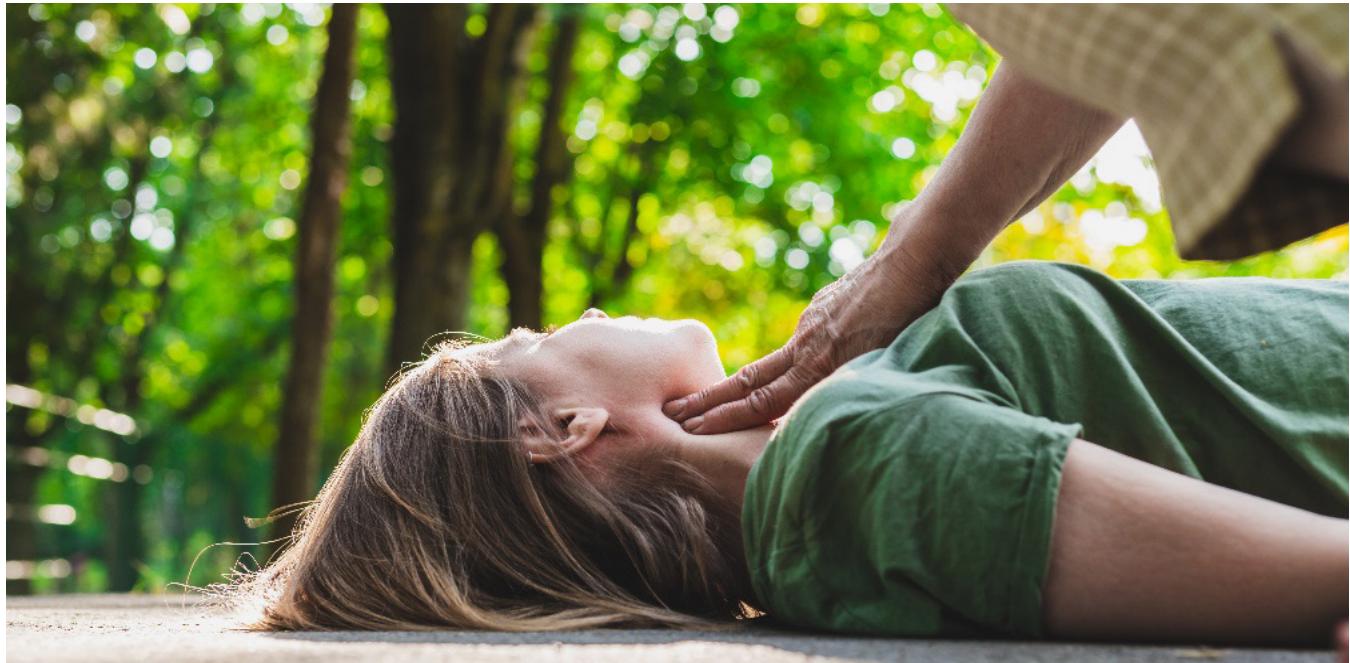


Photo by SorinVis/ Getty Images

The drug overdose epidemic in the United States is getting worse.

Even though the rate of drug use among workers has remained stable, the danger of overdose and death has not. Increased potency or lethality of illicit drugs has increased the risk of overdose and death. The overdose epidemic is having unequal impacts across industries and occupations. Workers in construction and in the mining, oil, and gas industries have some of the highest rates of opioid overdose deaths. Other work-related factors can lead to opioid misuse, including demanding jobs, job insecurity, and lack of control over job tasks.

The coincidence of the COVID-19 pandemic and opioid epidemic intensified the risk of death and illness among workers with opioid use disorder. This article explored the unique barriers faced by individuals with opioid use disorder that may put them at higher risk for severe illness from COVID-19. Some of these barriers are a lack of health information, existing negative health effects from opioid use, and

the stigma associated with substance use disorders. Furthermore, social distancing and other measures taken to slow the spread of the virus that causes COVID-19 could have negative consequences for individuals with opioid use disorder. These consequences include closed treatment clinics, reductions in medical services, and isolation, which could conceal mental health issues and opioid misuse.

Opioid misuse and overdose impact the worker, the worker's co-workers, staff, family, and community. The article reported that the lines between workplace, home, and community have been blurred in the wake of the COVID-19 pandemic. It contended that a coordinated systems approach is therefore needed to meet the needs of employers and workers.

Employers and organizations can contribute to ending the opioid crisis by providing critical support and recovery resources for workers seeking treatment and recovery from opioid use disorder. NIOSH has

conducted research to inform workplace policies and practices that support prevention efforts. From this research, NIOSH provides resources and toolkits to support workers, employers, and workplaces. This article specifically discussed the resources provided by

NIOSH on administering naloxone to reverse opioid overdose, keeping first responders to an overdose scene safe, and supporting treatment and recovery in the workplace.

Attribution Statement

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