

# Promoting Health Equity among Part-time and Temporary Workers of Large Event Venues



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## Introduction

Many large event venues, such as sports arenas and amusement parks, have openly communicated their COVID-19 health and safety plans for protecting their teams, performers, and visitors. One group deserving of equal attention, however, is the workforce these large venues rely on to operate safely and effectively. Part-time and temporary workers play critical roles at large event venues, including ticketing, concessions, security, and cleaning staff. Part-time and temporary employees may also face a variety of inequities that can lead to or worsen health and safety concerns. With the ongoing COVID-19 pandemic, and as large event venues look to the future, additional measures should be taken to ensure the equitable health and safety protections of these critical employees.

## Health Disparity Considerations



Disparities in workplace health and safety risk can arise when the unique needs of part-time and temporary employees are not taken into consideration in the application of health and safety interventions. For example, temporary workers may not have the same access to risk communication regarding hazards associated with a particular venue and therefore be at a higher risk for illness or injury compared to full-time workers who have years of experience, intimate knowledge of a venue, and proper training of the venues' health and safety issues. In fact, according to *Injury Prevention and Environmental Health. 3rd edition*, "temporary workers have twice the risk for occupational injury as permanent workers" (Abdalla et al., 2017, p. 4). In addition, contingent or temporary workers may have limited or no medical coverage due to their work status and may be at higher risk for complications with an untreated illness or injury.

It is also important to note that as demonstrated by the CDC Social Vulnerability Index, some communities are more likely than others to be severely impacted by natural or external stresses, leading to greater human suffering and financial loss (ASTDR, 2020). Understanding and assessing the impact vulnerable community stressors have on contingent employees can also help alleviate significant human health and financial consequences, for both the employee and the employer.

Other social factors that may impact temporary worker health and safety include:

- > Limited income / fixed income
- > Limited access to health and safety awareness education
- > Language barriers
- > Lack of paid sick leave
- > Fatigue due to working multiple jobs
- > Concern to speak-out about safety issues due to potential consequences / pool of replacements

Importantly, the number of temporary workers in the United States continues to grow and according to the National Bureau of Economic Research, "94 percent of the net employment growth in the U.S. economy from 2005 to 2015 appears to have occurred in alternative work arrangements", including temporary help agency workers (Katz and Kreuger, 2016). This change highlights the growing need for both event staffing agencies and employers to provide part-time and temporary workers with equal health and safety protections, including protective COVID-19 mitigations.



## Solutions to Promote Health Equity in the Management of Large Venues

Although operating a gathering place for large crowds, particularly during the COVID-19 pandemic, is accompanied by unique public health and safety challenges; the comprehensive management of large venue health and safety risks offers a unique opportunity to promote health equity in a way that is protective of a large, diverse employee population. Interventions such as the establishment of proper preventative measures, inclusive communication, promotion of testing and vaccination access, and the availability of sick leave benefits can help management better protect worker health and safety and address potential health disparities between full-time and temporary staff.

### Preventative Measures

COVID-19 preventative measures should be applied carefully and intentionally in order to help protect workers while maintaining health equity in the workplace. Such measures should be applied where feasible. Hazards can be controlled by following the hierarchy of controls whereby elimination, substitution, engineering controls, administrative controls, and personal protective equipment (PPE), respectively, provide the most effective to less effective prevention strategies (NIOSH, 2015).

Although elimination or substitution of the hazard may not apply to COVID-19, elimination and substitution of secondary hazards associated with COVID-19 can be. The substitution of cleaning products that may cause adverse effects to the workers (e.g., allergy, irritation) can be swapped for alternative products listed on EPA List N. Additionally, the use of disinfectants less likely to cause asthma attacks or lung irritation should be used in and around areas where sensitive individuals work (CDC, 2021b).

In addition to considering elimination and substitution, engineering controls should also be thoughtfully considered. Improper or nonexistent engineering controls may contribute to an increased spread of

SARS-CoV-2 and increased risks to workers. One such control measure that can be implemented is the maintenance of the HVAC system to ensure it is operating: 1) in good condition, 2) with high efficiency filters, and 3) with an increased ventilation rate. Additionally, the installation of dividers and limiting contact in face-to-face interactions between venue guests and workers must occur and can help protect both worker and guests.

Administrative controls are also critical in preventing the spread of SARS-CoV-2, and measures can be taken in order to employ these methods in a manner that also promotes health equity among workers. Proper communications regarding the hazard (i.e., SARS-CoV-2 and the potential health effects of COVID-19), the implementation of various controls to prevent and control the spread, the use of personal protective equipment, and how to report concerns is vital in ensuring the health and safety of workers. Communications must be accessible to all employees regardless of language or internet access, which are common barriers to proper and effective communication with temporary and part-time workers. Translations of hazard communications and directions should be made available in the first language of any worker and should be shared through multiple channels, including in-person and online. Signage regarding protective measures should be widely displayed and include easy-to-read text and may benefit from containing images or diagrams. Additional training, instruction, and contact information for reporting should be made available.

Within COVID-19 planning, employers should create a protocol to handle suspect and positive cases within the workplace (sometimes called a Case Management Plan). Considerations should be made to include part-time and temporary workers in any communications regarding outbreaks, contact tracing, and reporting. Employees should be required to stay home if they exhibit symptoms of COVID-19 or have been exposed to the virus without being at risk of losing their employment (CDC, 2021c). Additional details regarding implementation of sick leave policies that do not disproportionately affect temporary or part-time employees are discussed later in this paper.

Lastly, PPE and face coverings can be expensive, difficult to obtain, and vary in quality. Therefore, protective supplies should be provided by the employer at no cost to workers. Protective supplies that prevent or limit the worker from contracting and transmitting COVID-19, such as masks/face coverings, soap and water, and hand sanitizer that contains at least 60% ethanol, should be readily available throughout the work shift, and time should be given to workers to use such protective supplies adequately (CDC, 2021d). Additionally, the employer should follow all OSHA Hazard Communication Standard requirements to protect workers from chemicals in the workplace including those used to prevent spread of SARS-CoV-2. The potential health effects of the cleaners and disinfectants should be made known to the employees through proper communication techniques, and any additional equipment they may need to properly use the disinfectant, such as gloves, tools, masks, coveralls, goggles, etc. should be provided by the employer. Not only is access to PPE vital to promoting worker health, but providing options for each part-time and temporary employees based on personal considerations such as health status and allergies should be provided (e.g., latex-free gloves).

When prevention and control measures are inappropriately, unequally, or not applied at all, the health and safety of workers can be put at a higher risk and health disparities may worsen. Even when an employer acts to provide protection for workers from COVID-19, other subsequent risks and hazards should be considered. For example, the distribution of counterfeit N95 respirators, the use of disinfectants with misleading labels, and the use of hand sanitizers on the Food and Drug Administration's Do Not Use List can leave workers at risk to the SARS-CoV-2 virus or potentially expose workers to potentially hazardous chemicals (NPPTL 2021; EPA 2021; FDA 2020). It is the employer's responsibility to ensure COVID-19 prevention and control measures are applied safely and equitably amongst the entire workforce.



## Testing

As mentioned above, COVID-19 planning should incorporate part-time and temporary workers into venue case management plans. Equally important, is that case management plans also consider potential barriers to creating accessible testing and vaccination services for part-time and temporary workers. A robust and easily accessible testing platform for part-time and temporary workers is not only essential for controlling the spread of SARS-CoV-2 among workers, but also for protecting public health during the bi-directional spread of illness that can occur between customers and event staff. In addition to some of the more traditional testing determinations such as choosing a test (viral vs antibody), or establishing desired or required testing scenarios (testing persons with signs or symptoms vs. contact with a known or suspected case), it is imperative that current testing strategies also review and address the disproportionate burden of disease among individuals and populations. "Testing Health Equity" includes the proactive planning process and scientific review of ensuring adequate and available testing services and resources are provided to those who may experience traditional or social barriers to receiving such services, including review of equal access, affordability, and timely results reporting. This includes active data review and health planning to identify and address observed barriers that might overtly or inadvertently create inequities in testing resources, including the specific review, tracking, and understanding of how race and ethnicity data, geographic region of residence (e.g. rural or frontier areas), transportation, and socio-economic status may impact event staff and workers, and therefore the delivery of testing

services (CDC, 2021a). Doing so can also serve as an important indicator to understanding the impact the virus may have on a particular venue, and better inform specific and targeted health protection strategies to promote positive health and social change in the area of "testing health equity."

## Vaccination

Safe and effective vaccines not only prevent severe illness, but also reduce the risk of disease transmission. For employers, high vaccination rates among employees (including part-time and temporary workers) can reduce the overall risk of disease occurrence, including transmission between employees and visitors. As most large event venues are privately owned institutions, venues may require employees to be vaccinated against COVID-19; however this may be challenging if some employees are unable to schedule appointments (due to lack of internet access or inability to work websites) or lack transportation to make it to vaccination appointments or clinics. It is therefore important for employers to provide employees with resources to combat potential vaccine inequity. Employers can help support employees by providing educational resources on the different vaccines, assistance with booking appointments and transportation, and incentives for receiving the vaccine.

Providing targeted educational support can be used to encourage part-time and temporary workers to vaccinate and may benefit their personal safety and aptitude to work events following public health protocols. In an April 2020 survey, the uninsured were less willing than the insured to accept a COVID-19 vaccine (Kelly et al., 2021). It should be communicated to part-time and temporary workers, who are less likely to be insured than permanent employees, that the vaccine is available free of cost, regardless of insurance status (Kosanovich, 2018). Employers should also provide information about the location and availability of appointments and which vaccine is offered at each site.

Additionally, since a vaccinated workforce can limit the probability of COVID-19 transmission during operations with the general public, providing incentives for part-time and temporary workers could offer a significant return on investment. Some examples of incentives for vaccination include paid time to receive the vaccine or a small bonus. If providing financial compensation, it is important that an appropriate balance is met. The decided bonus should be enough to encourage vaccination without being such a high value that it becomes coercive.

As large event venues work through the challenges and successes of providing COVID-19 vaccinations to all employees, these lessons learned should also be incorporated into regular vaccination practices, with a focus on illnesses that may also present a particular concern at large event venues (e.g., influenza, measles, mumps, hepatitis A). Ensuring all large event venue workers, no matter their job status, are afforded equal access to vaccine-preventable disease protections can further influence recognizable healthy and safe venue experiences now and into the future.

## Sick Leave

One overwhelming burden on employees across the U.S., especially among part-time and temporary employees in the venue industry, is the lack of access to paid sick leave. According to the U.S. Bureau of Labor Statistics (BLS), about 75% of all employees in the private industry had access to paid sick leave, leaving approximately 33.6 million people (about twice the population of New York) without paid sick leave (BLS, 2020; DeSilver, 2020). Furthermore, according to the BLS, 7 in 10 low-wage employees do not receive paid sick leave time (BLS, 2018). These low-wage workers often hold jobs commonly employed at venues, such as custodians and include part-time and temporary workers. This problem is compounded even further by paid sick leave policy and availability differing by occupation, industry, and geographic location (DeSilver, 2018). Therefore, there is a need for a prudent and ubiquitous approach for paid sick leave across all industries and regions that incorporates low-wage employees.

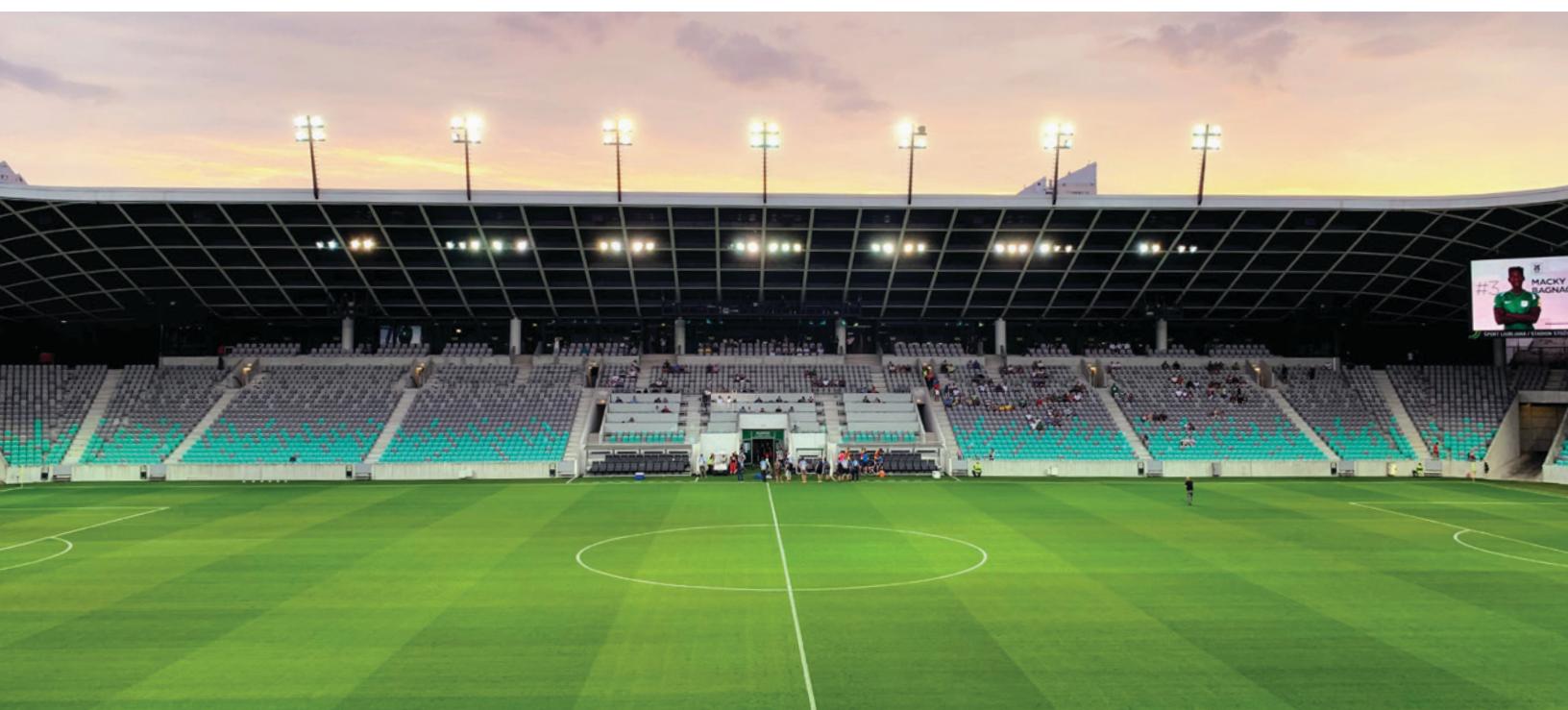
Access to sick leave can have several benefits to the worker, especially regarding mental health. Knowing that paid sick leave is available without the fear of losing one's job provides comfort in job security which directly effects mental health and the perception of work being performed. Furthermore, with the availability to take paid sick leave, workers are more likely to stay home when ill thus decreasing the risk of transmission at the workplace and to the public. By allowing paid sick leave for ill employees, the employer is creating a healthier working environment. According to the CDC, healthier workplace policies (e.g., paid sick leave) can lower injury risks (CDC Workplace Health Resource Center). Furthermore, the National Institute for Occupational Safety and Health (NIOSH) reported that workers with access to paid sick leave were 28% less likely than workers without access to paid sick leave to be injured on the job (CDC Workplace Health Resource Center). In addition, authors of another study reported that providing paid sick

leave could have saved employers \$0.63 to \$1.88 billion in reduced influenza-like illness-related absenteeism costs per year (NIOSH, 2018). Incorporating paid sick leave policies into the workplace is not only a benefit for workers (including part-time and temporary workers) but also for the employers in the pursuit of total worker health and holistically providing a healthier and safer working environment.

## Conclusion

Large event venues have gone to great lengths to protect their teams, performers, and fans. However, these venues also have a unique opportunity to address health equity alongside of worker health and safety to create a healthier and more resilient workforce. Because some part-time and temporary workers already face health disparities that may place them at greater risk of workplace illness and injury, improving multiple areas of focus such as preventative measures, communication, testing and vaccination services, and sick leave availability can help establish equitable employee health and safety protections and promote safer venue experiences for all.

Our team has been actively providing support to clients across various industries during the COVID-19 pandemic. Cardno ChemRisk's team of professionals have experience developing COVID-19 risk management and mitigation plans across multiple industries. To learn more about the ways Cardno ChemRisk can support your business, please contact **Tony Cappello** and **Justine Parker**, or visit our website at [www.cardnochemrisk.com](http://www.cardnochemrisk.com).



## Resources:

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