

NSC RESEARCH SNAPSHOT:

Workplace Innovation During COVID-19

As the COVID-19 pandemic raged, so too did mental health issues and substance use. A recent public opinion poll found that many adults are experiencing significant mental health concerns due to worry and stress over the coronavirus, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%). Among employees, these issues are even more pronounced, with one in four employees showing signs of PTSD and a 63% increase in anxiety among employees in December 2021 vs. pre-pandemic. The risk of addiction among men in particular was 80% higher than the prior three months. Perhaps the most troubling reflection of the pandemic’s potential impact on substance use and mental health is the increase in overdose deaths – more than 107,000 people died from an overdose in 2021. To better understand the impact this “twin pandemic” had on workplaces, NSC surveyed its members to identify workplace pandemic-response trends and emerging best practices.

Workplace & Workflow Changes:

“We were able to add online training videos for employees that were out due to COVID-19 or quarantine and could not come to work. We set up for those who could remote work from home and only had essential staff reporting in person. We were able to obtain additional PPE and other safety protocols that are still in use today.”

“We built open air facilities (Cover areas for meetings, training, etc.). We also rearranged office areas to provide additional distance from employees.”

“We provided extra vehicle and personal sanitation supplies, masks according to the user’s requests, some worked from home. We now have a surplus of masks. We made sure that the demand for sanitation supplies never outstripped the supply. We partnered with other businesses to secure sanitation supplies, when necessary.”

“We instituted one-way walk paths for all foot traffic, entry/exit. We instituted increased Health & Wellness coach availability. We instituted \$100,000 in office air-purification systems to constantly scrub the common air in our office trailers. We brought on-site vaccination clinics to the jobsite to provide more accessible vaccinations to employees. We developed a register of employee vaccination/booster shot status to track employees’ vaccination statuses. We instituted contact tracing for all of our subcontractors as well as employees.”

“Toolbox talks addressing COVID-19, illnesses, proper use of masks, handwashing techniques, etc. Adding COVID-19 concerns to weekly meeting agenda. Additional cleanings and supplies.”

Survey Background

Total Surveys Analyzed: 154

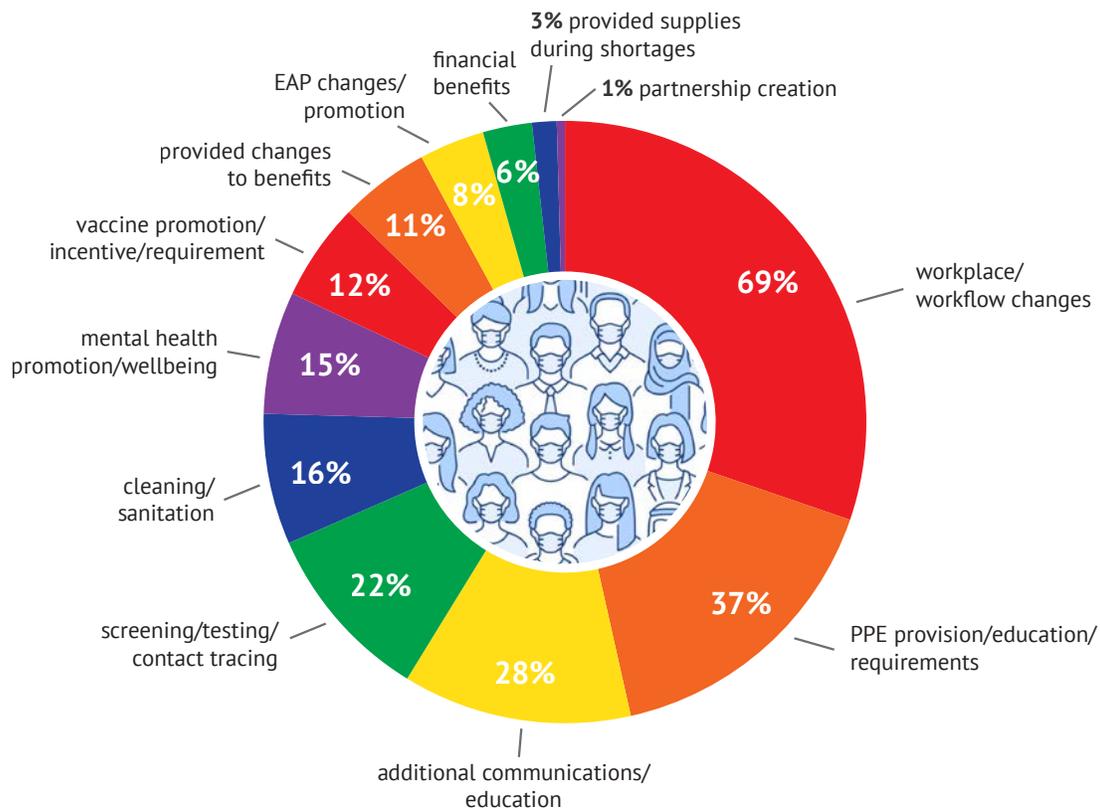
Pandemic Timeframe Defined as March 2020 – Jan/Feb/March 2022

NSC Member Respondent Demographics:

- Primary Job Category: EHS professionals (27%), HR professionals (18%) and Manager/Directors (12%)
- Primary Industry: Construction (23%) and Manufacturing (21%)
- Primary Size: 101 – 500 Employees (41%); <50 – 100 Employees (28%); 501 – 5,000 Employees (23%)
- Primary Location: South (34%) and Midwest (32%)

70% OF MEMBERS SAID THEIR WORKPLACES MADE INNOVATIVE CHANGES TO SUPPORT EMPLOYEES DURING THE PANDEMIC

Members provided details on what they did to support employees. These responses were sorted by theme – most members described multiple actions across various categories. The majority of members detailed workplace changes specific to preventing COVID-19’s spread. Members also mentioned increased communications with employees, additional trainings and support about COVID-19 itself and how to stay safe. Nearly a quarter of members indicated they provided COVID-19 testing, screening and contact tracing – including on-site laboratory support. While 70% of the respondents said their organization made innovative changes, 94 members provided additional details of their organizations’ innovative actions to address the pandemic. NO ONE MENTIONED SUBSTANCE MISUSE OR IMPAIRMENT.



While most members described workplace and workflow changes specific to the immediate impacts of COVID-19, members also described changes that could have far-reaching impacts on employee health and wellbeing beyond the pandemic.

EMERGING INNOVATIONS:

1. Mental Health Supports – Respondents began, expanded or promoted EAPs (see the [EAP snapshot](#) for more details); provided additional services, such as a Community Navigator, Mental Health & Wellbeing Coaches; and provided additional time off or flexible work schedules:

- ◆ “The organization has increased access to EAP program through remote options. We have worked with our EAP provider to increase the frequency of talks and presentation on stress management regularly focusing on adapting to change.”
- ◆ “EAP services were encouraged every day as we had a number of employees that were having difficulties with loneliness, depression, isolation.”
- ◆ “We increased promotion of our EAP, offered group webinars on mental health, dealing with stress, etc., promoted the importance of self-care and offered suggested behaviors and ways to seek help if needed.”
- ◆ “We offered bonus to our employees for 2020 and 2021 for all of their hard work and hanging in there with us, being as we were an essential business. We did everything we could to keep morale as high as possible but still worked on being safe. Did frequent video messages to our employees thanking them for what they have done.”
- ◆ “Mental health checks and providing work from home hardware to facilitate remote work.”
- ◆ “Education on COVID-19, changes made in EAP program and Teledoc offerings, the company continues to pay employees to stay home from work if they have any symptoms.”

“Once a week we had a company-wide teams call to check in with employees, it was required to have cameras on so we could see people. When it was determined that someone was having a difficult time we had various people reach out to them. The office shut down but not our construction sites we had a small group of people that worked in the office and we were considered essential for the construction workers so they knew they had support and assistance if they needed it as they continued working in groups. One of the things we found that was the most difficult for people was wearing masks so many people became depressed just for the fact they couldn’t see others’ expressions, smiles, or understand conversations.”

2. On-site Services – Respondents offered laboratory testing, vaccine clinics, PPE for employers and their families or communities, and training and education for staff and community about COVID-19, vaccines and safety:

- ◆ “Access to supplies, in-house doctors, testing, and labs.”
- ◆ “Give out free COVID-19 tests to employees and business partners.”
- ◆ “Provide face mask for work and personal use including family members. Provide toiletries for personal use to address retail shortages.”
- ◆ “PCR testing available on site. Contact tracing for all positives.”
- ◆ “We have offered on-site vaccination clinics, COVID-19 trainings.”
- ◆ “We implemented social distancing in breakrooms. Provide daily education on COVID-19 before start of shift. We also have a rotating sanitation crew constantly sanitizing high-touch areas.”
- ◆ “Hazard pay at the beginning of the pandemic to keep people at work.”
- ◆ “Easy/early access to COVID-19 vaccine during working hours; provided any necessary PPE; provided sneeze/germ barriers between work stations.”

3. Holistic Responses – Respondents made innovative changes to their benefits, workplaces and more that could support employees and workplaces outside of just the pandemic:

- ◆ “Telehealth benefits increased, copays waived during COVID-19.”

“Extensive education was provided on vaccination benefits and process, including an interactive Zoom presentation by the COVID-19 Response Team that was open to employees, residents, and resident family members. Financial support was provided in certain situations in which employees were required to quarantine due to their own or a family member’s illness. Access to a Community Navigator was also provided on site and is an ongoing service to employees.”

- ◆ “Provide a cash incentive to get vaccinated. Provide additional leave if sick from vaccination or COVID-19 infection.”
- ◆ “Expansion of child care benefits and resources for all employees. “Comfort Kits” sent to homes of those impacted by COVID-19. Expansion of child and elder care benefits.”
- ◆ “We eliminated smoking from our Casino and have increased ventilation.”
- ◆ “Provided additional emergency leave with pay for employees required to quarantine due to contracting COVID-19, caring for a family member with COVID-19, or child care due to lack of services.”

- ◆ “Focuses on safety and health of individuals.”
- ◆ “Flexible schedule, remote work when possible.”
- ◆ “Provided PTO for employees needing to take care of sick family members due to COVID-19.”

Next Steps: The pandemic response showed that workplaces not only have the capacity and ability to respond to traditional health and safety concerns but also to respond more holistically to worker and community wellbeing. For example, 11% of members implementing additional measures provided changes to employee benefits and 8% made changes to, purchased and/or promoted EAPs. It remains to be seen whether these changes will continue and what their impact will be on employees and communities as workplaces and the world emerge from the pandemic. NSC will continue to explore emerging best practices and promising initiatives.

To explore ways your organization can support employee health, safety and wellbeing in and out of the workplace, visit the following:

- [Opioids at Work Toolkit](#)
- [SAFER program provides COVID-19-specific information to help workplaces](#)
- [Fatigue](#)
- [Family Safety & Health: Mental Health](#)
- [Employee Mental Health](#)
- [Substance Use Cost Calculator](#)

i Panchal N, Kamal R, Orgera K, Cox C, Garfield R, Hamel L, Chidambaram P. The implications of COVID-19 for mental health and substance use. Kaiser family foundation. 2020 Apr 21;21. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

ii Mental Health Index, U.S. Worker Edition, Q4 2021 Update, January 2022

https://info.totalbrain.com/hubfs/resources/MHI%20Data%20Reports%20Q4%20December%202021.pdf?utm_medium=email&_hsmi=201435608&_hsenc=p2ANqtz-8lQ4wrvHlw7jPhnfeBDRvDhhdMFQpR2wGtfcdwjkazU5vPJPo3wblQZPz-hjc-D2Qb_m7yukl8unNMNFZ2Zp6Yry4S9g&utm_content=201435608&utm_source=hs_automation

iii <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.html>

