



## **When Uncertain, Protect**

**HANDBOOK FOR  
COMMUNITY-BASED  
ORGANIZATIONS:**

**Establishing Post-disaster  
Safety and Health  
Trainings for Immigrant  
Workers**

## 2012-2017

Barry Commoner Center for Health  
and the Environment  
Queens College  
City University of New York  
65-30 Kissena Boulevard  
Remsen Hall 311  
Flushing, NY 11367  
(718) 670-4180

Make the Road New York  
92-10 Roosevelt Avenue  
Jackson Heights, NY 11372  
(718) 565-8500



### Team:

Steven Markowitz, MD, DRPH  
Sherry Baron, MD, MPH  
Lew Pepper, MD  
Andres Camacho, BS  
Mia Candy, MA  
Jonathan Corbin, MPH  
Isabel Cuervo, PHD  
Zoey Laskaris, MA  
Rolando Muñiz, BS  
Zulleyka Ortega, MPH  
Jasmine N. Olivera

Diego Palaguachi, BA  
Arturo Archila, BA  
Saduf Sayal, MIA  
Sierra Stoneman-Bell, MS

The many worker-leaders who helped  
us develop these materials



## OVERVIEW

Language and cultural barriers, poor training, lack of personal protective equipment (PPE), citizenship status, informality of work arrangements, and rank exploitation are a few key factors that undermine the ability of immigrant day laborers and other workers to work safely in post-disaster recovery efforts.<sup>1</sup> While training is generally considered a less effective means of controlling hazards, as compared to engineering or administrative controls, worker training has been the most feasible intervention approach in informal and often unregulated work environments.

The training for which this handbook was created is designed to be 3 hours or slightly less -depending on the topic of interest. It explores safety and health topics, including hazard identification, that arose during and after previous post-disaster responses, as well as basic worker's rights under Federal OSHA.

**This handbook is offered to give you a head start in your planning and implementation of training-related support for Spanish-speaking immigrant worker communities who may be on the front lines of post-disaster recovery in construction-related work.** Most of our experience is hard-won in the post-Hurricane Sandy scramble of New York City and surrounding areas. Below, you will find planning materials and a training curriculum that you may want to adapt that will facilitate:

- Training day laborers and other post-clean-up workers in hazard identification, PPE and workers' rights
- Conducting medical clearance for respirator use and completing respirator fit-testing
- Acquiring and equipping workers with PPE

We recommend that these materials be used to prepare populations of workers before a disaster hits. Having a well prepared group of workers will help identify vulnerable populations to negligent employers in dangerous workplaces.

***We recommend a preventive rather than a reactive approach.***

---

<sup>1</sup> Lowry SJ, Blecker H, Camp J, et al. Possibilities and challenges in occupational injury surveillance of day laborers. *Am J Ind Med.* Feb 2010;53(2):126-134.



## I. PREPARATION FOR TRAINING

---

### ASSESSMENT FOR PERSONAL PROTECTIVE EQUIPMENT AND TRAINING

- Staff should perform disaster site walk-throughs and consult with a field professional to investigate possible hazards through:
  - Rough visual inspections
  - Exposure measurements by a professional if possible
- Conduct site visits and obtain personal accounts by workers of affected areas to understand the type of work that is being conducted, who is doing it, and existing hazards.
- Investigate the most effective forms of PPE for post-disaster work and hazard identification mentioned above.
- Assess the cost of covering PPE. (See Attachment, page 3)

### OBTAINING PERSONAL PROTECTIVE EQUIPMENT

- Selection of PPE manufacturers can be based on cost, distributor feedback, and National Institute for Occupational Safety and Health (NIOSH) certifications where applicable
  - This process can be concurrent to the hazard identification process (above)
- Create and distribute a “donation request letter(s)” to big manufacturers/distributors (see Attachment, page 1).
  - We customized each letter with the following:
    - Specific information on the product and its use in our context
    - The scope of the disaster
    - Appeals to the company’s commitment to safety
    - Our respective organizations’ abilities to carry out the training successfully
  - Additional follow-up calls will be required.
- For extra supplies, contact other organizations that have performed similar work.
- Additional grants will be necessary to cover the remaining costs of equipment and staff

SPACE



- ❑ Training location should be accessible and known by workers
- ❑ Space should have:
  - An area for the training that is large enough to form small groups and for participants in which to move around
  - One separate, private space for a medical doctor (MD) to interview/assess workers
  - A staff room that can also be used to store equipment

### STAFFING:

To maintain good training process, a team of at least 5 people is necessary:

- ❑ 1 to 2 facilitators to run the training
- ❑ If there is only 1 facilitator, 1 to 2 people to provide support for the facilitator to double-check forms and other paperwork
- ❑ At least 2 people to transport PPE
- ❑ 3 people to distribute PPE
- ❑ At least 2 people to conduct fit-testing when required
- ❑ 1-2 licensed medical doctors (MD's) for medical clearance

\*All staff should be trained before-hand on their assigned tasks.

## II. LIST OF PERSONAL PROTECTIVE EQUIPMENT WE DISTRIBUTED

1. Half-face respirator with at least 2 pairs of filters.
  - a. (2+) N-95 Respirator
  - b. (2+) Tyvek-suits
2. Pair of chemical resistant gloves
3. Pair of puncture resistant gloves
4. Pair of disposable earplugs
5. High visibility vests
6. Pair of steel toe work boots
7. Backpack

Workers reported that the least used forms of PPE were: Reflective vests, Tyvek overall suits, and earplugs.



### MEDICAL CLEARANCE/FIT-TESTING DURING THE TRAINING:

OSHA guidelines require medical clearance and fit-testing in order for compliant use of these respirators.

The respirators medical and fitness assessments are conducted because a respirator can make breathing more difficult and not everyone is able to wear a respirator. There are several health factors, such as heart and lung diseases as well as psychological conditions like claustrophobia, which make it difficult to wear one. The OSHA Respirator Medical Evaluation Questionnaire can be used to identify the medical and psychological conditions that, if a respirator is used, put a worker at risk of harm. If appropriate, the MD can help adapt or reduce the number of questions.

Fortunately, we were able to utilize staff physicians who donated their time for medical evaluations, as well as professional staff, who administered fit testing per NIOSH guidelines.

- ❑ *If half-face or full-face respirators are to be provided, the following procedures are recommended:*
  - When workers arrive
    - Inform them about health conditions and risks associated with respirator use, the purpose of the health assessment, and instruct them to thoroughly and responsively answer each question
    - Ask them to fill out a medical questionnaire (see Attachment, page 4)
    - It is necessary to provide support for workers that have low literacy levels
  - Once the training begins
    - MD's should review the completed questionnaire
    - If questions are left unanswered (which often occurs), highlight missing information and be sure that the worker completes questionnaire
    - Stop the training if there is information that MD's need to clarify with the group being trained; most of the time these issues are easily addressed
  - If a worker is not medically cleared



- MD's will explain the health concerns found in the questionnaire and double-check to see if the worker made a mistake when filling out the form
- If no mistakes occur, the worker should be connected with a doctor/hospital for a check-up. Consider any local resources for uninsured populations.
- Worker will not be able to receive the mask



### COORDINATION OF TRAINING:

- ❑ If there is more than one organization collaborating together to provide training, as was the case with Barry Commoner Center for Health and the Environment (BCCHE) and Make the Road New York (MRNY), select a point person from each organization to coordinate training dates, paperwork and other logistics.
  
- ❑ Distribution of PPE
  - Depending on the items, high levels of coordination and organization are needed to ensure smooth distribution.
    - Half-face respirators were the most staff intensive and technical component of PPE distribution.
    - If boots are to be distributed, make sure to have enough sizes for all workers. Additionally, when measuring boot sizes, develop a clear process and determine a point person(s).
    - Provide shaving cream and razors for those whose facial hair interfere with a solid fit.

### TRACKING DOCUMENTATION:

If you ask workers to fill out multiple documents during the training, we suggest you use a “FORM CHECKLIST” to prevent ending the training with incomplete or missing documents (see Attachment, page 2). In our case, we designed a research study to evaluate the effectiveness of the training, which required that we distribute and collect consent forms.



## III. TRAINING MATERIALS

---

*These materials are to be used before and during the training:*

For Facilitator(s)

- Facilitator's Guide
- Workplace Safety and Health Resources (PowerPoint presentation) for facilitator
- Handouts

Equipment/Materials:

- Laptop and Projector
- Whiteboard/Flipchart
- Easel
- Whiteboard/Flipchart markers
- Dry eraser
- Sample items (e.g. PPE and tools, as discussed in the PowerPoint)



## IV. FOR THE FACILITATOR(S)

---

### BACKGROUND:

The training materials have been developed for Spanish speaking, Latino/a immigrant workers. These activities are worker-centered and use the Small Group Activity Method as its primary style. The intention of this training is to encourage worker-participation, as well as individual and collective intellectual growth in the areas of workplace safety and health.

Designed to be between 2 to 3 hours—depending on the topic of interest—this training explores safety and health topics, including hazard identification that arose during and after previous post-disaster responses, as well as basic worker's rights under Federal OSHA.

### MATERIALS:

The Facilitator's Guide is an accessible document that explains how to run the training and its activities.

Workplace Safety and Health Resources presentation for the facilitator contains in-depth information that can be useful for facilitators that are still developing their workplace safety and health expertise.

Handouts are to be used by the students during the training and for future reference.



## V. ADVICE FROM HURRICANE SANDY

---

*Here are some learnings and advice for your consideration. This is not a comprehensive list but it does highlight some primary areas you may want to consider when planning the training.*

**PRE-TESTING THE TRAINING:** Ideally, you will run one or two trainings of workers outside of a disaster situation to get a better sense of how the training works, to build the experience of your facilitator(s), and to tweak the training to suit **your context**. This pre-testing, of course, also serves the purpose of building your community's preparedness. You may want to conduct the training also for other collaborators: the health department, community-based organizations, etc.

**UNDERSTANDING THE SITUATION:** We conducted site visits and asked for personal accounts of workers in the affected areas in order to better understand:

- The type of work being conducted
- Who is doing the work
- Main work hazards

The information we gathered helped us to tailor the training and be prepared to facilitate it. Procedures to conduct these site visits is discussed in the Preparation for Training section above. In addition, these questions can be asked during outreach efforts (to recruit training participants) and in the training itself to continue focusing the training on what is most relevant to participants.

**CONSULTING EXPERTS:** It may be helpful to have this/your training content reviewed by local occupational health and safety experts, your health department, and/or others to provide additional input and fact-checking. There are also many resources online; a few of these are noted at the end of the Workplace Safety and Health Resources presentation.

**NUMBER OF PARTICIPANTS:** We found that between 20 and 30 participants per training allowed for a quality experience that was also manageable for our team.

**TIME:** This training assumes that you have at least a 3-hour block of time to complete the training, medical clearance, and fit-testing. We initially planned this training to be 4 hours long but found 3 hours was about the maximum we could expect of busy workers that also allowed it to be conducted in the evening. The timeline is very tight and was only possible with a



highly-organized and well-staffed team that made multiple tasks happen simultaneously. (See Preparation for Training section.)

**VISUALS:** We encourage you to have samples of as many items you are discussing as possible to hold up and, sometimes, pass around the room so the participants have a more direct experience than a photo provides (examples: various PPE or broken equipment). Similarly, it is also helpful if you are able to demonstrate improper and proper use of various PPE and other equipment at appropriate times in the training (examples: having old or inadequate PPE, broken or damaged power tools, ladders, etc.)

**WHO CAN CONDUCT THIS TRAINING:** In our experience, it is more important that the facilitator(s) know the community from which the participants come and their work and not only be an “expert” in occupational health and safety. Given limited time, we have found it is easier to support good trainers with “experts” who understand the technical elements of this work than for experts to learn community and facilitation/training elements.

**JARGON:** Many of your participants are unlikely to know a lot of jargon or technical language. Use appropriate layperson language. If participants would benefit from learning other vocabulary, consider pairing a lay term with a technical term. You can also ask your participants what something is typically called by workers.

**LANGUAGE APPROPRIATENESS:** The training should be conducted in the language/s that are appropriate for the workers being trained. If possible, the facilitator should be a native speaker of, or at least be fluent in, the language native to the trainees. Also, think about the implications for mixing different-language users in the same training. Expect that if you need an interpreter 1) it may cost money 2) it may decrease the flow of the training and 3) it may extend the length of the training. You may also want special equipment if only part of your group needs interpretation. In addition, your interpreter should review the Resources presentation in advance to ensure more technical vocabulary can be covered.

**WORKERS' RIGHTS:** Many immigrant laborers have received limited training about occupational safety and health rights. *While the training focuses heavily on what workers can do to help protect themselves, we believe providing information about employer responsibilities and worker rights is key to this training.*

**EVALUATE AS YOU GO:** Have facilitators and others—ideally including participants and possibly any host organization staff or volunteers—give you feedback on strengths and areas for improvement of the training.



## VI. WORKER OUTREACH FOR TRAINING

---

*Through our learning from our recruitment experiences for our trainings, we have found the following to be helpful when conducting outreach to and with workers.*

**WHO (OUTREACH WORKERS):** Generally, the most effective outreach workers are those who are from the community, speak the language/s of the trainees, and who know the work and the working conditions of these laborers. If outreach workers are not part of the community, they typically benefit from connecting with people who are—both to learn and to help establish their credibility via a trusted community member.

**WHEN:** Call workers who have been recruited to attend the training about a week in advance and again a day before the training begins as a reminder. Texting a reminder the day of the training has also worked well for us.

**HOW:** We tend to connect with workers using four different approaches. They are described in greater detail below:

1. Approaching workers one-on-one
2. Reaching out to organizations with whom workers already are connected
3. Tapping into workers' own networks of peers
4. Building the leadership roles of workers who were already trained

1. Approaching workers on a **one-on-one** basis means to visit them and talk to workers' individually. Get to know them and invite them to trainings. Some tips around this kind of outreach include:

Before ONE-ON-ONES:

- Perform outreach at times when workers are available and where they assemble the most - especially at work-related places. In the context of day laborers, known street corners and nearby stores early in the morning would work best.
- Have a rap or pitch ready; practice it beforehand.

During ONE-ON-ONES

- Talking about safety and health with migrant workers is a special case as they prioritize employment stability and wage. Nevertheless, a meaningful conversation can be started by asking "Do you think your work is affecting your health?" and then the conversation around workplace safety and health will take off.
- Use the general guideline that the worker should be talking about 80% of the time while the outreach worker listens deeply and actively.
- Don't lecture the worker on what s/he is doing "wrong" in terms of health and safety.



- Find out the hazards to which workers are being exposed
  - Expect that workers will decide to not engage in conversation
  - Repeat this process and re-visit workers again!
2. **Organizations** to which workers are already connected (for example, service organizations and religious institutions) may be a great point of entrée with workers. Some tips around outreaching to organizations include:
- Organizations that have a constituent base that includes workers—or is exclusively workers—may be easiest to tap into.
  - Explore with the organization any ways this training may further its aims. Connect to those aims as directly as possible.
    - Example: If the organization does not have resources to conduct these kinds of trainings itself, providing this training through the host-organization may be seen as a way for them to support their members.
  - Invite a staffer or volunteer from the organization to come to a training to better understand it and, perhaps, to promote it with their members or others later.
  - If an organization does not have a base membership that it can “turn out” for a training, they can also help the community by providing their space for the training.
1. **Worker networks** are the informal connections that workers have with one another. Gaining a worker’s trust so that they become connectors to their networks is very valuable. Some related tips include:
- If you develop connections to an organization’s base membership, then workers will often share their phone numbers and their friends’ phone numbers.
  - At the end of a training, have a sign-up sheet and announce: “We’re going to do this training again—please share with us your friends’ phone numbers who would benefit from it. Also, please spread awareness of this program.”
  - When making calls to a workers’ network member, name the person who recommended him/ her.
  - Be prepared for some workers’ network members to show up to the training based on word of mouth from their friends.
    - Occasionally, this word of mouth method may lead someone to show up expecting a different type of training than you are offering, as information-sharing may have been incomplete. For this reason, state the training's purpose and objective before beginning.



2. **Worker-leaders** are the long-term backbone of this work; they are laborers who go beyond participating in the training and become health and safety leaders themselves. Typically, as many training participants as possible should be cultivated to take on worker-leader roles. Tips related to developing these worker-leaders include:
- Throughout the training, a trainer or other staff member should identify who is most interested and has the potential to be involved.
    - Small group activities during a training can help identify workers who demonstrate interest in taking on leadership roles.
  - Different people bring different skills and personalities to being worker-leaders. There is no one, single “worker-leader type” that is needed.
  - Engage current and prospective worker-leaders through methods such as:
    - Inviting them to come to the next training and share their story.
    - Engaging them in efforts to recruit other training participants.
    - Considering training them to become co-facilitators and facilitators.
  - As this role may be new to them, as well as the content, providing training, support, and practice around outreach and training can help ensure that worker-leader efforts are on-track and that they feel well-supported.

