COVID-19: LESS HASTE, MORE SAFETY

Let’s stop talking about covid-safe and covid-secure—it’s covid-mitigated

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We have been in countless meetings that have included discussions about making the workplace covid-secure or covid-safe (or even covid-friendly). This language is problematic as “safe” implies that we can make places 100% safe for staff, which will never be possible, and “secure” indicates a very high degree of certainty requiring excessive measures.

This language can drive irrational behaviour. Covid-secure transport to hospital, for example, requires patients not to use taxis or public transport or even to walk—they have to find someone who has self-isolated for two weeks to drive them.

A more useful way to think about workplaces (and other public and private spaces and activities) is to describe them as covid-mitigated. This follows standard risk assessment approaches. Factors that need to be considered include the estimated prevalence of infection in that space, contact time and distance, and the degree of aerosolisation.

The term covid-mitigated emphasises that there is always a residual risk and that steps should be taken to reduce that risk (including personal protective equipment and barriers). It also emphasises the dynamic nature of risk. It discourages people and organisations from taking extreme steps to eliminate negligible risks and gets people to think about their own safety in a considered way.

The risk of infection is broadly the same for everyone in the workplace, but the consequences of infection are different depending on age, ethnicity, and comorbidities. This now becomes a familiar two axes risk assessment (likelihood versus impact). Further or specific mitigations might be needed to ensure safety and equity of opportunity and access for all.

Covid mitigation is a less misleading way of describing how we should prepare to start activities and open places. A simple algorithm to help assess the risk and plan the appropriate mitigations would be helpful.

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Full response at: https://www.bmj.com/content/370/bmj.m3258/rr-5.


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