

Technical Proposal:

A. Proposal Identification:

Organization Name: Social Safety Initiative

Grant Category: Targeted Topic Training

Training Topic: Infectious Disease Pandemic Preparedness

B. Proposal Narrative:

a. Organization and Partners Background

Social Safety Initiative (SSI) is a 501(c)3 based in Washington State. SSI provides pre-incident education to reduce community transmission of COVID-19, evaluates and safeguards indoor and ambient air quality in the era of COVID-19 and climate change, and advocates for socially safe behavioral practices. The Social Safety Initiative was formed in 2020 and is composed of a Council of Advisors with a collective 75 years of experience in public health and safety, mental health and stress training, molecular biology and genomics, ethics, privacy and health equity, engineering and organizational integration, community engagement and public relations, as well as policy analysis and development. The Social Safety Initiative was formed in response to the COVID-19 pandemic and addressed the immediate need for increased social safety education to decrease adverse health outcomes due to dangerous aerosol particulates.

The Social Safety Initiative is a partner-to-partner organization. Our partner, Imagine Institute, has 40 state-approved trainers, 196 peer-to-peer mentors, and 9,000 childcare workers.

Established in 2016, these trainers are well known in their communities and highly trusted throughout the non-native English-speaking communities.



PROTEC is a labor union operating in Washington and Oregon. Their 9,000-worker membership includes frontline workers.

b. Staff Experience

Dr. Lorelei Walker, Authorized Representative of this proposal, received her Ph.D. in Public Health Genetics from the University of Washington in 2015. In collaboration with experts in public health and microbiology, she formed the Social Safety Initiative in response to the COVID-19 pandemic to educate the public in behavioral, social hygiene. Her extensive experience in professional public health and her academic work in evolutionary biology and epigenetics is the foundation of the Social Safety Initiative. Dr. Walker co-created graduate Health Equity courses at the University of Washington and precepted 60 graduate students for multiple agencies across three states. She is H1N1 trained and based the SSI program on CDC recommendations and experience as a technical advisor at the Dept. of Health for indoor air safety. While at the Dept. of Health, she led a CDC grant-funded environmental health education program for 4,000 childcare operators, which taught safe cleaning to stop disease transmission. Dr. Walker has ten years of experience educating hundreds of community members in public health while also serving on local and state boards and the National Institution of Health workgroup.

Lucie Shannon is the Financial Certifying Representative and is an advanced-level operations consultant. She has 15 years of administrative experience and direct dynamic budget lead experience. She is highly skilled at integrating multiple departments and goals into a community network that fuels business operations.

Anna Hutcheson is Project Director and comes from a multidisciplinary background consisting of management experience, customer service, and hard science. She pulls from six years of



experience prioritizing goals, objectives, milestones, and providing high-quality customer service and leadership. Recently completing the 30-hour OSHA training certification has helped her become even more dedicated to SSI nonprofit work in the fight against SARS-CoV-2.

Dr. Ryan Walker is Director of Molecular Biology and Science Education is an interdisciplinarian trained by Tulane's School of Medicine. He specialized in the cellular delivery of encapsulated pharmaceuticals, genetic engineering research, kidney disease, and other medical disciplines. Dr. Ryan Walker has substantial familiarity with aerosolized viral transmission, SARS-CoV-2 tracing, viral mutation, and discussions on national platforms. He offers his expertise and knowledge in material development in reducing the transmission of SARS-CoV-2.

Grant Program Staff
Organization chart



c. Problem, Purpose, and Funding Needs Statement

To stop the spread of the virus that causes COVID-19, the World Health Organization (WHO) has called for the broad use of proper public health safety behaviors combined with



vaccination[1]. They site the inappropriate use of public health and social measures as a significant factor in the rate of the SARS-CoV-2 delta variant-driven pandemic.

Public health safety training for essential and frontline workers will reduce their risk of exposure to this aerosolized infectious virus. Practicing social hygiene to prevent the spread of an aerosolized virus is a new skill set for most of our non-medical essential and frontline workforce. Without our social safety public health training, these workers are ill-equipped to practice behaviors that increase their safety on the job. Our 90-min worker safety training and materials teach workers how to spot indoor areas that are high risk for aerosolized viral transmission, mitigate those areas by applying the correct public health protocols, and avoid unintentional over-exposure to disinfectants and air pollution. Inadequate funding for science education and public health training has caused a lack of training classes on social hygiene and indoor air safety, especially as it relates to reducing the risk of indoor exposure to an aerosolized virus in common work environments. Therefore, SSI proposes to use this award to deliver our worker safety training and fill this gap.

¹ Episode #45 – Delta Variant. July 5, 2021. World Health Organization.

d. Work Plan Proposal

Work Plan Activity Table

Quarter 1: September 30, 2021 – December 31, 2021:

- Training Materials. Complete the train-the-trainer manual
- Training Materials. Translate guidebooks, trainer manuals, and course materials into Spanish and Somali.



- Training. Conduct 4 train-the-trainer classes with 10 trainees virtually or in person. A
 total of 40 trainers will have the necessary training to deliver the Individual Worker
 Social Safety 90-min Class Training.
- Support 100 Individual Safety Training classes of 25 workers per class. This will result in a total of 2,500 workers receiving public health safety training in Q1.
- Evaluation and revisions. Evaluate the success of the course, update materials to reflect
 the changing pandemic public health response, revise training classes and content to
 better meet the needs of the trainees.
- Submission of financial and program progress reports to OSHA

Quarter 2: January 1, 2022 – March 31, 2022:

- Support 100 Individual Safety Training classes of 25 workers per class virtually or in person. This will result in a total of 2,500 workers receiving public health safety training in Q2.
- Evaluation and revisions. Evaluate the success of the course, update materials to reflect
 the changing pandemic public health response, revise training classes and content to
 better meet the needs of the trainees.
- Submission of financial and program progress reports to OSHA

Quarter 3: April 1, 2022 – June 30, 2022:

 Support 100 Individual Safety Training classes of 25 workers per class virtually or in person. This will result in a total of 2,500 workers receiving public health safety training in Q3.



- Evaluation and revisions. Evaluate the success of the course, update materials to reflect
 the changing pandemic public health response, revise training classes and content to
 better meet the needs of the trainees.
- Submission of financial and program progress reports to OSHA

Quarter 4: July 1, 2022 – September 30, 2022:

- Support 100 Individual Safety Training classes of 25 workers per class virtually or in person. This will result in a total of 2,500 workers receiving public health safety training in Q4.
- Evaluation and revisions. Evaluate the success of the program, course, update materials
 to reflect the changing pandemic public health response, revise training classes and
 content to better meet the needs of the trainees.
- Submission of FFR, and financial and program progress reports to OSHA

Work Plan Narrative

1. Training Materials

The Social Safety Initiative has developed the following materials using the Instructional Systems Design (ISD) to be used during the training activities proposed in this grant.

Each Individual Social Safety worker trainee will receive the following SSI created and owned products as part of their class packet:

 Guidebook to Safe Cleaning, Sanitizing, and Disinfecting in the Era of COVID-19 and Beyond. When followed, this guidebook's practices will reduce worker misuse and overuse of hazardous disinfectants. The practices taught in this guidebook will drastically



reduce the rates of worker-acquired asthma in janitorial staff and reduce the exposure of developing youth to endocrine disruptors.

- Guidebook to Practicing Public Health Protocols in the Era of COVID-19. This
 guidebook has essential information on how to spot indoor high-risk zones for
 aerosolized virus transmission and immediately mitigate the risk with 8 public health
 protocols.
- Terminology bank including research and public health citations.
- Class Activities:
 - Rank the Risk; Risk Score Card; School risk assessment; Protocol Score Card;
 Watch SSI's CoVella vs The World.
- Additional materials: Site self-risk assessment, Site protocol recommendations, Kid's
 Wear a Mask Animated Song

The class trainer will use the Social Safety Initiative's Training Manual for Individual Social Safety Training to lead each class of 25 people.

How will people be trained?

The Social Safety Initiative has 30 Public Health Trainers (PHTs) under the Director of Public Health Training. The Director and PHTs will train and support 40 partner organization instructors/trainers. Each of the 40 partner organization instructors will deliver ten classes on Individual Social Safety for workers to reduce disease transmission and toxicant exposure in the workplace. Each class will have 25 workers in attendance. Forty trainers each training ten classes of 25 trainees will bring our worker safety training to 10,000 workers.



We predict most of the training classes will occur virtually to reduce the threat of viral transmission. We will use electronic materials and virtual platforms to deliver visual and audio training in English or, using a simultaneous translation service, the top 7 languages plus American Sign Language. Our partner, who provides our training by one of their trainers will determine the best location, time, and date to host each 25-person Individual Worker Social Safety Training.

1. Training Plan and Projections

Recruitment

Our primary letter of support comes from the Imagine Institute. This non-profit is experienced and eager to deliver our worker safety training to every worker in their 10,000 essential childcare worker reach. Imagine Institute has 40 state-licensed trainers who currently offer state licensing required training to small independently owned childcare centers and their staff in English, Spanish, and Somali. This institute conducts 1.5 trainings per business day and uses a robust state-approved evaluation matrix to assess trainee learning. We project that by Q2, childcare providers who take our class will receive state-issued continuing education units required to maintain licensure. Imagine Institute's interest in our Social Safety curriculum and class materials is high. They wish to donate translation resources to complete the translation of our training materials into Spanish and Somali.

Proposed Training Sessions and Topic

Social Safety Certificate Learning Objectives

1. Increase knowledge in science education



- a. Define terms: viral load, aerosol virus, variants, viral infection
- 2. Increase comprehension in germ transmission
 - a. Learn the spit, platter, spray, and breath cloud
- 3. Increase application of risk assessment skills
 - a. Define terms: Define the features of a hot zone, a zone of overlapping risk.
 - Apply knowledge: Use a risk assessment scorecard to identify the typical and novel hot zones in public spaces.
- 4. Increase knowledge of public health safety behaviors, indoor air quality, and safe disinfecting practices.
 - a. Learn each of the 8 safety protocols: Ventilation, Barriers, Interpersonal/ Close
 Contact, Masks, Disinfecting, Hand Washing, Social Distancing, Natural Light
 - b. Apply: Use the Protocol Scorecard in a group activity.
- 5. Learn what affects indoor air quality
 - i. Outdoor pollutants
 - ii. Indoor chemical cleaners

The 90-min Class Lesson Plan

Intro (10min)

- Safety instructions, bathrooms, and ground rules are visible to all at the start of training.
- A land acknowledgment posted visible to participants.

SOCIAL SAFETY

Trainer scripted introduction.

Round robin. Each person says a word they think of what it means or feels like to be

responsible for others. Scribe is capturing words on poster paper for everyone to see.

Overview of the class: the goal of class (see above), what to know, what to do, and how

to do it format in three separate sections, activity with each, polling questions throughout,

Q&A, exit questions, and the option to earn a certificate of completion.

Section 1A (10min): Science Education

Describe through analogy and simplified science education how a respiratory virus works

and the new variants.

Define viral load, explain the load difference in droplet size and aerosol.

Polling questions & Q&A

Section 1B (15min): Public Health Education

Describe how the virus travels between people. Spit, platter, spray, and aerosol.

• Describe the 'breath cloud', and the 15min/24 hour exposure period to become infected

with the virus that causes COVID-19.

• Describe hot zones. There are areas indoors where the virus lingers.

Polling questions & Q&A

Break

Section 2A (10min): Risk Assessment Education

SOCIAL SAFETY

Using analog, define and describe a risk assessment.

Have the group list every time they do a risk assessment as part of their typical day.

Apply knowledge from Sessions 1A and 1B to identify common hot zones in social

spaces when doing a risk assessment of an indoor social space.

Section 2B (15min): Risk Assessment Training

Activity: Rank the Risk

Group Activity: Risk Assessment Scorecard. Collectively walk your mind through a

common space the participants all have knowledge and experience in (stadiums, gyms,

grocery stores, etc.).

Section 3A (20min): Social Safety Protocols

Describe each protocol. Ask learners to identify how each protocol mitigates risk.

o Interpersonal etiquette, ventilation (HVAC and non-HVAC), plastic barriers,

social distancing (people placement), natural light, hand washing, disinfecting

(chemical exposure reduction), masks.

Group Activity: Protocol Scorecard. Collectively re-walk the example from Section 2B

matching the hot zones with the mitigating protocols.

Describe how each protocol could be misused.

Give a brief overview of SSI's Cleaning Guidebook and Social Safety Guidebook for

participates to refer to or learn more on their own.

Section 3B (10min): Closing



- Group reflection on the original list of words the group used to describe what it feels like to be responsible.
- Assessment
- Next steps
- Celebrate

Evaluation and Reporting

We have begun our evaluation program, and we will build out a robust evaluation program using the ADDIE MODEL in Q1 of this grant's activities. We will apply those evaluation metrics to each class, incorporate the evaluation feedback from Image Institute, and revise the curriculum and materials as needed. The ADDIE program evaluation and Imagine Institute's evaluation model will also inform reporting requirements to maintain grant funding.

We also plan to use the Imagine Institute's evaluation measures as a template to assess our curriculum and class materials to meet our learning objectives. As part of our normal programmatic activities, many of our Public Health Trainers are trained and experienced at program evaluation.

Social Safety Initiative's Social Safety Training			
	Individual Social Safety Worker	Train-the-Training	
	Training	Social Safety Training	
In person or virtual class	90-min	90-min	
Safe Cleaning Guidebook	Included	Included	



Public Health Safety Protocol Guidebook	Included	Included
Class Materials	Included	Included
Training Binder		Included
Video Library Access	Included	Included
Monthly Q&A Access	3-months	12-months

	# People per Class	# Classes	Total Trainees
Train-the-Trainer Classes Tier One	10	4	40
Individual Worker Training Tier Two	25	400	10,000

Class Length	Number Trainees	Total Training Hours (Contact Time)
90-min Train-the-Trainer Tier One	40	60 hours
90-min Individual Social Safety Training Tier Two	10,000	15,000*

^{*40} community trainers deliver 10 classes each of 25 trainees per class = 10,000

Quarter	Performance Period	Projected Trainees	Projected Contact Hours
Q1	9/30/21-12/31/21	2,540	3,810
Q2	1/1/22-3/31/22	2,500	3,750
Q3	4/1/22-6/30/22	2,500	3,750
Q4	7/1/22-9/30/22	2,500	3,750
Total		10,040	15,060
Total Grant Funding		\$160,000	\$160,000
Per Trainee / Per Contact Hour		\$15.38	\$10.62



Budget Narrative

The Social Safety Initiative has developed unique worker safety training and materials to reduce the risk for aerosolized virus infection and reduce worksite injury from disinfectant overuse. Program costs for personnel to continue developing, presenting training, updating materials, and tracking and monitoring training activities in the SSI program will cost \$103,000 per 12-months. The cost of printing outreach materials is \$18,000 per 12-months. Administrative costs for personnel will be \$30,000 per 12-month period. Administrative costs for advertising, supplies, and communication will cost \$9,000 per 12-month period. Our Social Safety curriculum training is fashioned so that any experienced trainer will be equipped with the materials and knowledge to instruct a 25-person class on Individual Worker Social Safety Training after taking our train-the-trainer course.

Programmatic Costs (76% grant award)

Dr. Lorelei Walker, Director of Public Health Training, will dedicate 35% FTE to developing the train-the-trainer manual, training our partner institute trainers, preparing the necessary Public Health Trainers (PHTs) needed to support our partners' trainers, and be available to assist in all training classes directly.

Anna Hutcheson, Project Director, will dedicate 35% FTE to the recruitment of partner institutions to adopt our training materials, to tracking the activities of the SSI's Public Health Trainers, tracking the activities of the partner institution's pieces of training, and manage the curriculum evaluation across all trainees. The director will be responsible for ensuring that training is consistent, that class evaluation matrices are captured, and that outreach efforts are successful.



Dr. Ryan Walker, Director of Molecular Biology, will dedicate 35% FTE on tracking the science regarding new variants in SARS-CoV-2, rates of vaccine efficacy, recommendations by the international science community, and disease outcomes to ensure the training materials are updated in real-time. It is critical to have a dedicated expert tracking the 100's scientific articles being published daily to inform and ensure the efficacy of our social safety training.

Because the SARS-CoV-2 virus variants are becoming more aggressive, we will need to update our training materials in real-time. The current variant threatening the United States, the delta variant, is considerably more transmissible than the original variant we experienced 18 months ago. It has evolved. The budgeted funds of \$12,000 will support an unassigned staff member to dedicate .2FTE to making monthly material revisions. This amount includes updating our outreach messaging, training materials, social media pages, and video library, and they will ensure materials are uniformly distributed, tracked, and managed.

Printing of our Guidebook to Safe Cleaning, Sanitizing, and Disinfecting in the Era of COVID-19 and Beyond is vital for outreach efforts in communities that are not heavily reliant on technology. Our outreach includes sending a printed version of our Safe Cleaning Guidebook, to small business owners. This will make employers aware that our Individual Worker Social Safety Training is available in their region and their native language. This grant will fund the printing of 1,000 copies of this guidebook in a variety of languages. Multi-lingual printed safe cleaning guidebooks expand safety training beyond our classes. We expect any employer who implements the safety practices in this guidebook will experience a reduction in the number of cases of worker-acquired asthma, respiratory tract diseases, and even reproductive system disorders.

Administrative Costs (24% grant award)



Lucie Shannon, Financial Certifying Representative and Director of Operational Integration will dedicate 30% FTE to the activities of data management, support report preparation, track budgeting, perform specific administrative tasks, policy compliance, fiscal management, payroll, HR functions, and everything it takes to keep the backbone of an organization optimal for an entire year.

We anticipate the training enabled by this grant award will require 120 hours of administrative assistant support at 10 hours a month for 12 months. We estimate the cost for a qualified administrative assistant to accomplish supporting tasks to be \$4,000, which is approximately \$33.40 an hour for 120 hours.

We believe a budget of \$5,663 will be sufficient to run a targeted LinkedIn Social Media Advertisements campaign. We consider a consistent budget of almost \$100 a week will significantly increase our awareness efforts for safe disinfecting practices to reduce worksite injury. The programmatic activity funded by this grant award will require some funding support for office supplies, postage, and a dedicated cell phone line with a data plan.

Organization's financial management process

The treasurer of the board sets an annual budget to account for programmatic, operational, and fundraising expenses. The Director of Operational Integration enacts and ensures internal controls of inventory, expenditures, and invoicing. All invoices must be submitted through the Director of Operational Integration. Expenditures and payments require a two-person approval by the Board Treasurer and Director of Operations. At the end of the fiscal year, the board treasurer and the Director of Operational Integration review the year's budget and forecast for



the next year. Board trustees review quarterly expenses, income, and adjust budget projections.

These documents are created and managed by the Director of Operational Integration.

Thank you for taking the time to look at our proposal. You made it to the end and so did we!

Poppers