

Guidance (rev. III June 30): Reducing Risk of Coronavirus Transmission To Facilitate Personal Reflection and Interpersonal Conversations

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Note: I am learning as we go as we all are with coronavirus. If you have any disagreements, additional thoughts or elaborations, confusion, or questions, please let me know. This is a work always in progress.

Purpose

To help us all sustain risk assessment for ourselves and to ease the inherently awkward social conversations necessary to assess risk interpersonally.

The purpose is not to tell us what risks are right or wrong to take but to help sustain our objective risk assessment so that our decisions in each situation are intentional, clear and integrate risk assessment.

Essential Question to Use the Chart on the Next Page

How would I feel about getting this disease or giving it to others and why?

My answers:

I don't want to get this disease or give it to others because:

- This disease is highly contagious.
- I don't want to contribute to the health system being overwhelmed, running out of personal protective equipment, or deaths of health care providers or essential workers.
- The disease can be deadly in anyone, especially in higher risk groups.
- The disease appears to cause long term and sometimes distressing and disabling impacts in multiple organ systems even in people who are young and who have had mild symptoms. The rate this occurs is uncertain but it appears thousands of people have been affected this way.
- It is possible that kids have lower rates of infection and transmit the virus less easily but this is based on limited and relatively weak evidence so far.

Essential Definitions to Use the Chart on the Next Page

- **Crushing the Curve:** getting community infection rates to zero or near-zero total cases daily for at least two weeks. See the brief blog post [Crushing the Curve](#) and more detail at endcoronavirus.org.
- **Bubble:** those in your bubble are the people with whom you do not wear masks or socially distance and get together with indoors as well as outdoors.

For deeper dive on risks of transmission, see blog post [The Risks...Know Them...Avoid Them](#)

CHART

REDUCING RISK OF CORONAVIRUS TRANSMISSION

Note: See previous page for essential question and definitions to use this Chart.
“Home” in the harm reduction tips below means to me those who are within your Bubble. For information about Bubbles see the definition on previous page or, for deeper dive, see blog post [The Bubble Concept](#).

HARM REDUCTION TIPS FOR ANYWHERE OTHER THAN HOME:

- ✓ MASKS
- ✓ DISTANCE
- ✓ CLEAN HANDS
- ✓ FEWER PEOPLE
- ✓ VENTILATION
- ✓ KEEP INTERACTIONS BRIEF
- ✓ AVOID SHARING FOOD, DRINKS, TOYS, OR SPORTS EQUIPMENT



The line (risk level) is raised higher for community transmission rates that have not been stable at zero or near-zero new cases per day.

The higher the new cases per day in the community, the higher the risk in all situations.

The more chances of travel to your community from places with high rates of transmission, the higher the risk.

For country and state data see endcoronavirus.org.

For county level data see 91-divoc.com

Lower Risk	Higher Risk
masks	no masks
6 ft. distance	< 6 ft. distance
fewer people	more people
less time	more time
talking	singing, shouting
new cases per day in community stable at or near zero	higher or rising new cases per day in community

Lower Risk	Higher Risk	Examples
masks	no masks	Lower risk
6 ft. distance	< 6 ft. distance	• Grocery store with large space, limited time, masks
fewer people	more people	Higher risk
less time	more time	• Hair salon especially if more than one customer at once
larger space	smaller space	• Restaurant
good ventilation	poor ventilation	• Work conference room with recirculated air
regular sanitizing	irregular sanitizing	• Group gathering of friends with masks inside your home
talking	singing, shouting	
new cases per day in community stable at or near zero	higher or rising new cases per day in community	

The smoke analogy

- Think of being in a meeting-sized room full of smokers. The more smokers, the closer they are, the poorer the ventilation, the harder it is to avoid. Even the benefits of wearing a mask in this particular situation are questionable.
- Think of coronavirus as an invisible, odorless smoke.

Highest risk situations

- The highest risks of spread appear to be through droplets in the air. So, indoors, more people, smaller spaces, lower ventilation all are factors which raise risk considerably

Examples of questions to use when considering risks of transmission

- Bubbles
 - How many people will you consider for your Bubble? What questions will you ask potential new people for your bubble about specific behaviors?—examples below.
 - What are your risk factors for severity of infection?
 - Do you meet with other people?
 - When you do so, do you meet them indoors or outdoors?
 - Do you wear masks? Under what situations do you not wear masks?
 - If you meet indoors, where, and for how long?
 - Do you go to restaurants, gyms, or hair salons?
 - How often?
 - What are the precautions they take?
- Work—e.g. being asked to come in for a meeting
 - Is in-person really essential?
 - How many people? For how long?
 - What is the level of ventilation?
- Hair cut at the hair salon
 - Is this really essential?
 - What is the level of community transmission?
 - What precautions does the hair salon take: e.g. number of people allowed in at one time; mask requirements, sanitizing between customers?

Additional Background

Why I felt I needed to write this guidance

I wrote this to help myself and with the hope it will help others.

I have found it personally difficult to sustain objective risk assessment and to have conversations about risks with others close to me. I think these difficulties arise out of several factors:

- Thinking about risk in this situation and the behaviors to lower risk are not Natural. They go against automatic behaviors and ways of thinking, some of which are highly influenced by social cues. For example, it is not natural to do a risk assessment before going to get a haircut; it is not natural to ask someone if they wear masks (and in what situations they don't); it is not natural to ask people who want to visit us from out of town what the community transmission rates are where they live.
- We are in a toxic social and political environment which undermines the effort to counter natural, automatic thinking and behavior.
 - There is no national plan or leadership on the pandemic. In fact, we are lied to about the risks.
 - The way the United States is generally handling this pandemic will inevitably sustain higher risks for all of us for a long time. This is unnecessary and tragic. THERE ARE WAYS TO GET BACK CLOSER TO NORMAL and some countries, and a few states, are doing it—see my brief blog post [Crushing the Curve](#) or the website endcoronavirus.org.
 - State and local leaders contribute (many inadvertently) to the toxic information and social environment because of inadequate, flawed, or overly certain communications.
 - I haven't seen data about the pandemic which is easy to grasp—there are always complicating factors in assessing data.

In this situation, I find it easy to get frustrated and demoralized. I find myself repeatedly....

- ...falling into thinking “Well, we *have to do* (insert any behavior or activity) SOMETIME!” This is a normal and OK thought but problematic if we don’t then step back for risk assessment.
- ...avoiding conversations with others about risks in as much detail or as frequently as needed.
- ...forgetting the situational risks at times. For example, I was on a walk in town without a mask because I planned to be outside and sustain 6 foot distancing. Suddenly, I found myself half-way down a narrow path that is highly traveled. I had not considered how I would feel passing people so closely—i.e. at most, inches apart.

Trust—another issue that makes interpersonal conversations about this hard

I find myself inhibited with such conversations because of the risks that it can seem we don’t trust someone or that they might feel judged as untrustworthy. This is not about anyone’s trustworthiness. It is just a basic truth that, when trying to sustain thinking and behaviors that go against the automatic, specifics about each person’s behaviors are necessary in order to build and sustain trust. It is a basic truth that we can all forget risk assessment and safe behaviors at any time and fall into what is automatic and natural. We CAN TRUST that what we are trying to do is unnatural and will be hard for everyone to sustain.

What helps us all is to repeatedly go back to the basics of risk assessment and to ask or tell about specific behaviors (e.g. “Do you get together with groups of people indoors?” Or “Before I come over I want you to know that I had an out of town visitor from Florida. What should we do about that? Maybe I shouldn’t come over?”)