

IS YOUR BUSINESS READY TO REOCCUPY?

How to Build Your COVID-19
Operations & Maintenance Plan





PREPARING FOR YOUR NEW NORMAL	2
STEP 1: ASSESS GENERAL PROPERTY RISK	4
BUILDING TYPE -----	5
ON-SITE PERSONNEL -----	6
STEP 2: PLAN FOR WORKSPACE ADJUSTMENTS	8
THE THREE R'S -----	9
MAINTAINING 6 FT. SOCIAL DISTANCE -----	9
ENTERING & EXITING THE BUILDING -----	10
COMMON SPACES -----	11
WORKSTATIONS -----	12
HIGH TOUCH POINTS & SHARED SURFACES -----	13
PERSONNEL MANAGEMENT -----	13
BUILDING PREPARATION -----	15
STEP 3: PLAN FOR OPERATIONS & MAINTENANCE AFTER YOUR RETURN	18
CLEANING & SANITIZATION OF HIGH TOUCH POINT SURFACES -----	19
MAINTENANCE & SERVICE REQUESTS -----	19
COMMUNICATION MANAGEMENT -----	20
STEP 4: RESPONDING TO A POSITIVE COVID-19 CASE	21
COMMUNICATION PROTOCOL -----	22
TREATING THE AREA -----	23
APPENDIXES FOR ADDITIONAL INFORMATION & SOURCES	25
APPENDIX A: PRODUCT & SERVICE SOLUTIONS -----	26
APPENDIX B: INFORMATIONAL SOURCES & ADDITIONAL RESOURCES -----	28



Executive Summary: Preparing for Your New Normal

As stay-at-home orders and business closures are scheduled to be lifted over the coming months, you are faced with a new challenge – how to manage your property, tenants and employees safely in a world with COVID-19. With the vaccination timeline presumed to be 12-24 months, the concern SARS-CoV-2, the virus that causes COVID-19, will be a prolonged factor in your ongoing operations. This will require a long-term plan for how to mitigate the risk at your property and how to manage any positive cases on site.

To protect yourself from possible liability, the CDC recommends that every employer should have a written infectious disease response plan, implement prevention efforts and develop procedures to appropriately respond to positive cases. Creating a customized Operations & Maintenance (O&M) plan for the COVID-19 context will be a key tool to help you plan for the best way to care for your employees, tenants, and property portfolio.

This plan is not intended to be a final plan. Expect and be prepared to make changes as necessary due to new federal, state, or local guidance, updated CDC guidelines, etc. It is best practice to assign someone with your organization to regularly review CDC, federal, state and local sites for updated guidance, and to communicate relevant updates to your organization. This is an evolving situation and your plan should evolve with the latest information.

Three Steps to Building your COVID-19 O&M Plan

This guide is intended to facilitate the creation of your COVID-19 O&M plan. Our hope is that this will provide a foundation for a valuable discussion among your team to prepare for the coming months. Outlined in the following pages are three essential steps:

- 1) Assess your property risk
- 2) Plan for workplace adjustments
- 3) Plan for ongoing maintenance and operations needs
- 4) Prepare for a confirmed COVID-19 case

Please know that **this document is not intended to provide legal or HR advice**. It is imperative that you engage your legal counsel and human resources department to review your COVID-19 O&M plan. They will provide the necessary guidance to ensure that employee and resident rights are not violated and that you are compliant with all state and federal laws.



Key Questions to Consider

With any O&M plan, the three following questions should be considered:

1. How many re-occupancy O&M plans do you need for your portfolio?

As you work through the questions on the following pages, it will be clear that the O&M needs will likely vary between properties depending on the type of property, amenities, common spaces, locations, tenant demographics, etc. As such, you may determine that you need several O&M plans for your portfolio. You have three options:

- Create an O&M plan to be used across all properties
- Create an O&M plan for each type of building
- Create an O&M plan for each specific building

You may need a different plan for different states, counties or municipalities. A plan that is appropriate for a Pennsylvania property may not be appropriate for a New Jersey property. Similarly, a plan for a property in rural Delaware may not be appropriate for a property in Center City Philadelphia. Be aware of the varying guidelines for each property's location to ensure the plan developed is as comprehensive and relevant as possible.

2. Who will need to comply with all or portions of your re-occupancy O&M?

This list may include employees, tenants, suppliers, and/or contractors, or any other visitors on site. As you create your plan, consider who will be impacted by each section. Ensure that it is designed with them in mind and plan for how it will be communicated to them.

3. Have you consulted legal and HR counsel for any regulations you need to be aware of and include in your re-occupancy O&M plan?

You may choose to engage with your legal and HR representative both before and after creating your O&M plan. Engaging them prior to drafting your plan will equip you with knowledge of what should be included, what can or cannot be done, laws to be mindful of, etc. You should always have your legal and HR representatives perform a final review of the plan before implementing it to ensure everyone is appropriately protected.



Step 1: Assess General Property Risk





I. What Risks Are Associated With Your Building Type, Tenants, and Their Businesses? How Can You Mitigate Them?

The degree of risk and your resulting efforts to reduce it will vary greatly based on the type of building, how it is used, and who uses it. If you have multiple types of properties within your portfolio, you will want to consider your responses to the questions below within the context of each type.

BUILDING TYPE

1. What building types are in your portfolio?
 - a. Layout
 - i. Warehouse
 - ii. Office
 - iii. Retail
 - b. Location
 - i. Suburban
 - ii. Urban
2. What state and local regulations do you need to consider for each location?
3. What amenities and common spaces are on site?

Do all properties of that type share the same layout and amenities? If not, you may consider creating a separate plan for each property, rather than each type.

- a. Conference rooms
- b. Breakroom
- c. Cafeteria or dining area
- d. Lounge areas
- e. Fitness center
- f. Mailroom
- g. Front desk/lobby concierge
- h. Trash chutes or collection areas
- i. Outdoor seating
- j. Shared access retail or food service (ex: Starbucks)
- k. Service amenity spaces (ex: daycare)
- l. Other: _____



ON-SITE PERSONNEL

4. What is your risk level based on the demographics of your tenants and their employees?

As you know, certain demographics are at a higher risk of contracting or having complications from COVID-19. These include the elderly and those with compromised immune systems or with pre-existing health conditions. However, it is equally important to evaluate the occupational risk of your tenants, their employees, and people who may enter their space. For example, if you have tenant who provides healthcare services, they are clearly at a higher risk for contracting or transmitting COVID-19.

Identifying the health and occupational risk level of your on-site personnel is crucial to developing an effective plan. OSHA has developed a COVID-19 risk exposure pyramid to demonstrate the varying levels of occupational risk, which are outlined below:

- **Very High:** Roles with a high likelihood of exposure to suspected or confirmed cases of COVID-19, often in a medical, lab or mortuary setting where “aerosol-generating procedures” or the handling of “specimens from potentially infectious patients or bodies” suspected or confirmed to be positive.

- **High:** Roles with a high possibility for exposure to suspected or confirmed cases. Examples include medical transport or healthcare delivery workers, healthcare support roles, etc.

- **Medium:** Roles that result in frequent or close exposure to the public but who are not necessarily suspected or confirmed to be positive. Examples include delivery workers, grocery store employees, and people who work in densely occupied or high volume spaces.

- **Low:** Roles that do not require contact with people who may be infected. Examples include people who are working remotely from home or who generally have minimal contact with others.

Consider your tenants, their employees, and any visitors (customers, suppliers, etc.) that may enter the site and consider the following factors:

- **Age:** Do you have a large population of elderly employees, tenants or visitors?
- **Pre-existing conditions:** Have any of your employees, tenants, or visitors disclosed any health conditions such as cancer, heart disease, diabetes, or anything else that results in a compromised immune system
- **Occupation:** Healthcare workers or other professions at high risk for exposure



Source: OSHA Worker Exposure Risk to COVID-19
<https://www.osha.gov/Publications/OSHA3993.pdf>



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5. How many people are on site each day?
 6. How many people are on site at the same time? (NOTE: this will change as the stay-at-home orders are lifted)
 7. How frequently and closely do they interact?
 8. Consider how and when common areas are used, how emergency or routine work orders are completed, or any other typical ways people may interact on site. The intent is to anticipate these interactions and mitigate the risk involved in them.

Where and why do they interact?

9. Are there specific times during the day when they are likely to come in contact with others (ex: start and end of shift, lunch, etc.)? If so, what are they? Planning for this is important in determining how to reduce risk of transmission during these times.



Step 2:

Plan for Workplace Adjustments





II. How Can You Mitigate Your Building Risk?

As you consider what your workspace looks like in a world with COVID-19, you need to plan for how onsite personnel will continue to practice social distancing while in the building. The questions below will lead you through a series of topics to consider as you create the best solution for your building, employees and tenants.

THE THREE R'S

As you evaluate what can be done to mitigate risk in each space, keep the three R's in mind – Remove, Retrofit, and Reduce.

- **Remove:** Can something be removed from the space to help prevent the transmission of COVID-19? For example, can chairs be removed from the conference room to allow for 6 feet between the remaining chairs?
- **Retrofit:** If something cannot be removed, can it be retrofitted to make it touchless? For example, you may not want to remove a door, but you may be able to install a touchless foot or arm operated opener.
- **Reduce:** If an object cannot be removed or retrofitted, how can you reduce the likelihood of viral transmission on it? For example, you could set up a hand-sanitizing station near the elevator for anyone entering and exiting the elevator to use.

You will see the themes of social distancing and the Three R's throughout this resource to help guide your risk assessment and decision making.

MAINTAINING 6 FT. SOCIAL DISTANCE

1. What areas easily allow for a 6 ft. radius between individuals? Be sure to consider all areas outlined in the initial risk assessment (workstations, common areas, etc.).
2. What areas will be difficult to maintain a 6 ft. radius between individuals? This may include elevators, hallways, small conference rooms, etc.
3. For areas that will be a challenge, are you able to close these areas or will you need to make adjustments to continue safe use of the space?
4. What adjustments will need to be made in each space? Will these be temporary or permanent adjustments?



- a. Will you remove furniture? If so, what will be removed? (Example: guest chairs in offices or cubicles, lounge seating, communal tables, etc.)
 - b. Will you re-arrange furniture? If so, how? (Be sure to stay compliant with any code requirements!)
 - c. Will you replace furniture with something new? (Example: new office chairs with cleanable fabric or vinyl)
 - d. Will you adjust or add on to current furniture? (Example: changing chair fabric, installing acrylic partitions between workspaces, adjusting cubicle wall height, adding sliding cubical doors, etc.)
5. Will you require one-way travel through the office or space in question? For example, some companies are implementing clockwise travel throughout the room.
- a. If so, how will you mark this so on-site personnel are clear on the appropriate direction?
 - b. How will this impact access to common areas or shared resources, such as printers or copiers?
6. Will you mark 6 ft. distances in hallways or places where people often form lines?
- a. If so, what spaces will this need to be done in?
 - b. How will you mark the 6 ft. distance?
 - c. Will this impact how the space is set up? (i.e. Does furniture need to be moved to allow for a longer que?)
 - d. Will you need to limit how many people can be in the space at once to allow for 6 ft. separation?

ENTERING & EXITING THE BUILDING -----

7. Will you implement a building entry protocol to reduce the risk of transmission?
- a. Will you restrict who is permitted to enter the building? If so, who?
 - b. How will you restrict their entry?
 - c. Will you restrict entry or exit points into building? If so, what will be your designated entry or exit points?
 - d. How will you mark you designated entry vs. exit points?



8. Will the employee entrance process be adjusted? If so, how? For example, they may be required to wear PPE, have their temperature taken at the door, or use a hand sanitizing station before or after entering.
 - a. If you have a security process, how will that change to reduce the risk of transmission?
 - b. Will this cause delays people should anticipate? How can you prepare them for that?
9. Will you adjust the visitor entry process? If so, how? For example, visitors may be able to check in electronically or via phone instead of writing on an entry log. Visitors could be given a disposable name tag or security badge rather than a reusable one. You may choose to provide them with PPE.
10. How will deliveries or shipments be handled? You may choose to have a separate entrance or exit for deliveries/shipments to avoid high traffic areas. You could also designate a specific area for incoming deliveries vs. outgoing deliveries to avoid possible cross-contamination.
11. How will you communicate this new entry and exit protocol to your employees, tenants, and any visitors/suppliers/contractors?

COMMON SPACES

12. What are the essential common spaces (ex: lobbies, shared bathrooms, etc.)? What are the non-essential common spaces (ex: fitness centers)?
13. Will you close any of these spaces? If so, which ones?
14. Will you impose occupancy limits in spaces that remain open?

TIP: To determine occupancy limit, take the square footage of the open space and divide by 36 (6 ft in either direction). Be mindful of large furniture, such as a conference table, that will reduce the square footage of floorspace that can be occupied by people.
15. Elevators – Given their small size, special precautions will need to be taken to maintain social distance.
 - a. What occupancy limit will you put in place to allow for 6 ft. distance?
 - b. How can you mark safe standing spots? (Ex: floor stickers where people should stand to maintain appropriate distance)
 - c. How will you control use of elevators to ensure compliance with occupancy limit? (Example: assign someone to be an elevator monitor to control traffic in and out of elevators)
16. Breakrooms and dining areas – Because of their frequent use, there are many factors to consider when determining continued use of these spaces. Consider the questions below:



- a. Will you open these areas for use or keep them closed?
- b. Will you permit use of common appliances, such as refrigerators, dish washers, or coffeepots?
- c. If so, how will you reduce risk of viral transmission on these commonly touched surfaces?
- d. Will you limit occupancy of these spaces? How will you monitor and enforce the limit?
- e. Will you remove or adjust the placement of furniture?
- f. In cafeteria settings, will you install acrylic dividers between any food providers and users?
- g. Can you limit or remove self-service options to reduce the number of people touching the service items?

17. Lobbies or Lounge Spaces

- a. Will you remove furniture to reduce commonly touched surfaces?
- b. Will you install acrylic partitions at the front desk or concierge?

WORKSTATIONS

18. If you previously had shared workstations, can you eliminate the sharing of these spaces?

19. If not, how can you reduce or limit space sharing? (Ex: staggered schedules)

- a. How will you promote the cleaning and sanitization of these spaces or items before and after being used by another individual?
- b. For items that are typically shared between employees, can any of these be provided to each individual, rather than using a shared item?

Cushman & Wakefield suggests solutions simple such as providing individual keyboards and mice to workers who share a workstation with others. (For more information, see Cushman & Wakefield's Recovery Readiness Guide referenced in Appendix B)

20. Will you implement a clean desk policy? This encourages employees or tenants to keep personal belongings and supplies in drawers, rather than on open spaces where they can become contaminated or promote shared use.

21. How can you prevent touching or leaning on cubicle walls, countertops, or desks?

22. Can you provide each workstation with their own amenities (hand sanitizer, tissues, individual trash cans, stock of office supplies, coat hangers, etc.) to reduce use of communal closets, trash areas, etc.?



HIGH TOUCHPOINTS & SHARED SURFACES -----

23. What and where are the high touch point surfaces within your building? Examples include lights, doors, drawers, shared items such as conference room phones or whiteboard markers, chairs, supply storage closets, printers, copiers, coffee makers, shared coat closets, etc.
24. Can they be retrofitted to be touchless? Examples include foot operated door openers, arm operated door openers, non-touch trash cans, etc. (See Appendix A for possible solutions)
25. How can you reduce risk of transmission on these surfaces?

Examples include setting up hand sanitizer stations near each or providing employees or residents with hygienic door opener/button pusher key. (See Appendix A for examples)

26. What pieces of equipment or materials are shared between multiple employees, tenants or individuals? (Example: conference room phones, projector or TV remotes, white board markers or erasers, etc.).

Cushman & Wakefield recommend encouraging employees to use laptop audio or cell phones to make conference calls, or to provide employees with their own set of writing utensils so they are not using shared supplies. (For more information, see Cushman & Wakefield's Recovery Readiness Guide referenced in Appendix B)

PERSONNEL MANAGEMENT -----

As you and your tenants prepare to bring employees back into the physical work space, you need to consider key factors – how to minimize the risk of transmission by reducing the number of staff onsite, the role any on-site personnel will play, and what the communication or training that will need to be provided to them.

As mentioned earlier, be sure to calculate your new capacity limits to allow all on-site personnel to have 6 ft. of space in all directions at any given time. Knowing how many people can be in space may impact your decision on who and how many people you allow back in the building. These new capacity limits should be clearly posted so that all relevant parties are aware of the limits and how it will affect them when entering or exiting an area. Determining how capacity will be monitored and communicated is just as important as determining the capacity limits itself.

27. Have you determined the allowed capacity in each space? If so, what is your plan to monitor and communicate capacity limits?
28. Will the new capacity limits impact your decision about who you allow back in the workspace upon initial re-occupancy?
29. Will you continue the current designation between essential vs. non-essential on-site staff? If not, how will you adjust that designation and what is expected of each?



30. Will certain members of your staff continue to work remotely? If so, who?

31. Will you adjust scheduling to reduce the number of staff onsite? If so, how?

Possible solutions could include the following:

- Stagger start times to avoid heavy traffic in lobbies or elevator bays at the same time (floors 1-10 could report between 8 and 8:30 AM, while floors 11-20 could report between 8:30 and 9 AM)
- Implement a weekday rotation when some staff work on site on certain days and at home for the balance of the week.
- Stagger shifts so some personnel are on site in the morning, while others are on site in the afternoon/evening, with minimal overlap during the shift change.

32. How will you continue to use technology to work or communicate with staff? Be sure to consider day to day operations, meetings, trainings, etc.

33. What proactive procedures will you put in place prior to employees reporting to on-site work?

If you will not be taking employee temperatures at the door upon entry, you may decide to have your staff self-administer temperature checks before reporting to work. You may have them sign a document acknowledging their understanding of their responsibility to notify management of any health concerns immediately. Be sure to have legal and HR approval before implementing any procedure.

- a. Will their results be reported to management to monitor compliance? If so, how?
- b. How will it be recorded in compliance with HIPAA? (Please note that some HIPAA laws may have been altered for the COVID-19 situation, so consult your legal and HR professional)

34. What will your longer-term policy be for time off requested for illness or child or elder care?

Possibilities includes PTO, flexible work schedules, or assistance through FMLA, FFCRA, or short-term disability. Consult HR for guidance on what assistance is available and what classification requirements apply.

It is important that employees are encouraged to stay home if feeling ill or caring for a family member – do not pressure on them to report to work in these scenarios.

35. With the new protocols, will you assign in house staff to perform these new responsibilities? If so, what additional responsibilities need to be assumed and who will assume them?



Possible roles may include, but are not limited to, the following:

- Compliance Monitor to ensure social distancing protocols are being followed (this could be per tenant or per floor)
- Point of contact for employees to contact with COVID-19 or re-occupancy concerns (preferably in HR)
- PPE Trainer to provide instruction to employees on proper donning, doffing, and disposal of PPE. [See Appendix B for CDC and OSHA resources on PPE and respiratory protection]
- Delivery Clerk to receive, clean and sanitize any packages received
- Inventory Manager to monitor the necessary hygiene, cleaning and sanitization supplies
- Supply Closet Coordinator to fulfill any supply requests (an effort to reduce the number of people touching the supply closet and its contents)

36. What will people need to be trained on prior to their return to the office? How will this training be provided and by whom?

Possible training topics may include, but are not limited to, the following:

- Entry and exit protocol for employees
- Entry and exit protocol for visitors, suppliers, deliveries, etc.
- Proper use of PPE
 - What to expect on the first day back in the office (new procedures, policies, office or workstation changes, etc.)
 - OSHA Blood Borne Pathogen training – this is a CDC guideline for anyone who may come in contact with infected materials or bodily fluids (See Appendix B for related resource links)

BUILDING PREPARATION -----

37. Will you perform an inspection of the building's interior and exterior prior to return? If so, what systems and areas will you inspect?

Cushman & Wakefield recommends inspecting all mechanical, water and plumbing systems, fire suppression and alarm, and HVAC systems to ensure all are operational prior to re-occupying building.



For a more extended discussion of what inspections to perform, see Appendix B for the resource link to Cushman & Wakefield's Re-Occupancy Guide.

Important Plumbing Note: If the space has drinking water or plumbing that has not been used, flush all systems with fresh water before opening to avoid secondary health concerns such as legionnaires disease.

38. According to the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) and as referenced by the CDC, ventilation and filtration can reduce the airborne concentration the virus. A reduction in airborne concentration results in reduced risk for transmission. As such, you will want to consider how you can adjust your HVAC system to provide optimal ventilation and filtration. Read more about ASHRAE's guidance by clicking on the link provided in Appendix B.

How will you adjust HVAC system and air handlers to provide as much ventilation as possible?

- a. How often will air filters be changed? (Staff should use proper PPE when doing so. The CDC recommends using the highest efficiency filters available for your HVAC system)
- b. Can you change system to "clean-to-dirty" directional airflow?
- c. How will this affect utility and maintenance cost? Are there any other impacts you need to consider?

39. Will you have the building cleaned and sanitized prior to re-opening?

At the time of this guide's publication, studies have found varying conclusions about how long the virus that causes COVID-19 can live on different surfaces. Results have ranged from a few hours to a week. It is important to note that the CDC has not yet provided official guidance on this matter, as there are countless variables that can impact how long the virus survives on surfaces.

This is important to consider as you evaluate whether to treat the building prior to re-occupancy. You should evaluate how long the area has been vacant, if anyone has entered the space and at what frequency, the level of risk posed by anyone who may have entered, and the risk level of those who will re-occupy the space, as well as any other variable that are specific to your business.

Some companies may elect to not clean or sanitize the building in advance because they are confident that no one has entered for several weeks. Others may decide to have a professional application of disinfectant out of an abundance of caution, to demonstrate extra precaution for their tenants or employees, or because they are not 100% positive on who may have recently walked through the space.

You should have a thorough discussion about any concerns or stakeholder interests and should consult your legal counsel to ensure you are acting in the best legal interest for all involved.



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40. If you chose to apply disinfectant prior to re-opening, what areas will you have treated? Who will you engage to do so?

 41. Who will manage any adjustments needed to the building or office furnishings as outlined earlier in this guide? Will any professional suppliers be engaged to assist? What is the timeline required for those changes prior to re-occupying the space?



Step 3: Plan for Operations & Maintenance After Your Return





III. How Will You Manage the Operational, Maintenance, and Communication Needs in This New Normal?

Now that you have evaluated the factors that impact building risk, you need to create a plan for how the building will be maintained and how general operations will continue. Below are a series of questions to consider when building your COVID-19 O&M plan.

CLEANING & SANITIZATION OF HIGH TOUCH POINT SURFACES -----

1. How will the high touch point surfaces identified earlier be cleaned and sanitized on a regular and ongoing basis?
2. How frequently will they be treated?
3. Who will be responsible for treating them?
4. How will the schedule and completion of treatment be recorded in the event documentation is required in a possible lawsuit?
5. What materials or equipment will you need for long-term ongoing treatment?

Be sure to consider what is currently in your inventory, what will need to be purchased, as well as what personal protective equipment or training your staff will need.

6. What is your cleaning and sanitization plan for each common area? Consider what surfaces will need to be treated, as well as how frequently they will be treated and by whom.

For example, a fitness center has more high touch point surfaces (handles, bars, balls, mats, etc.) than a lobby that has an entry door and elevators.

7. How will trash removal be handled in these areas? What extra precautions can be taken (frequency of emptying, PPE used when emptying, etc.)

MAINTENANCE & SERVICE REQUESTS -----

8. What service requests will be responded to?



9. Will any routine maintenance needs be postponed? If so, what are the possible consequences of delaying service?
10. Will you maintain a full maintenance staff or will your number of maintenance staff on site at the same time be limited? What kind of capacity constraints does this cause?
11. How will you prioritize the backlog of work orders? For example, you could prioritize based on date received, urgency or severity, likelihood of consequential damage, or quantity of units affected.
12. What will prompt a relaxation of these limits in the future?

COMMUNICATION MANAGEMENT -----

13. How will you communicate the relevant sections of your re-occupancy O&M plan to groups listed below (phone, text, email, social media, signs, property portal, etc.)? Who is responsible for communicating with each group?
 - a. Employees
 - b. Tenants
 - c. Visitors/Guests/Customers
 - d. Suppliers and Contractors
14. What signs or markers will be needed on site to help communicate the new procedures?
15. How will any changes or updates be communicated to each group?
16. Who will be responsible for communicated updates to each group?



Step 4:

Responding to a Positive Covid-19 Case





IV. What Will You Do If You Have A Confirmed Case On Site?

Despite even the best-laid plans to prevent a confirmed case of COVID-19 at your building, there is still a chance that an employee, tenant, or visitor contracts the virus. You need to be prepared to receive that notification in a way that allows you to react swiftly and appropriately. Communicate your reactive COVID-19 plan to your employees and tenants so they are all aware of the expected process and their role within it.

It is crucial to note that all guidance from the CDC, EPA, OSHA, health departments and healthcare providers should take precedence over any guidance received from this or any other resource. This guide is not meant to replace guidance provided from the sources listed above. This is intended only to help facilitate your planning discussions. You can review the CDC, EPA, and OSHA resource links listed in Appendix B for more information.

Be sure to also consult legal and HR professionals to ensure everyone involved is appropriately protected and rights are not compromised. By arming yourself with the best information in advance, you will be equipped to handle the situation should it arise.

ISOLATION PROTOCOL -----

1. The CDC and OSHA discuss the importance of immediately isolating someone who may be exhibiting symptoms while on site. As part of your plan, designate an isolation or quarantine room for use in this situation. Consider a space that can be safely avoided by others, preferably in an area with little traffic. When selecting a space, think about how many workstations or common areas a potentially infected individual will have to walk through to go to the isolation room. Once they are in the isolation room, they can take the appropriate steps to communicate their potential condition to the necessary individuals (see the next section). Reference page 9 of OSHA's Preparing Workplaces for COVID-19 guide listed in Appendix B for additional guidance on this topic.

Where will your isolation room be?

COMMUNICATION PROTOCOL -----

2. How should an employee report if they or someone in their household is suspected or confirmed to have COVID-19? Who should they report it to? When should they report it?
3. How should a tenant report if an employee or guest in their unit is suspected or confirmed to have COVID-19? Who should they report it to? When should they report it?



4. How should a supplier, contractor or visitor who was on site report if they or someone in their household is suspected or confirmed to have COVID-19? Who should they report it to? When should they report it?
5. How will management communicate to employees that they have been notified of a suspected or confirmed case? When and how will this be communicated?
 - a. What details (affected areas, next steps, temporary closings, plan to disinfect, etc.) will be communicated? (NOTE: Be very careful to remain complaint with HIPAA. Review these parameters with legal or HR counsel before distributing)
 - b. Who will be responsible for this communication?
6. How will management communicate to tenants that they have been notified of a suspected or confirmed case? How and when will this be communicated?
 - a. What details (affected areas, next steps, temporary closings, plan to disinfect, etc.) will be communicated? (NOTE: Be very careful to remain complaint with HIPAA. Review these parameters with legal or HR counsel before distributing)
 - b. Who will be responsible for this communication?

TREATING THE AREA -----

When applying disinfectant for COVID-19, especially for a confirmed case, it is crucial that the individuals administering the treatment are properly equipped and trained. It is essential that whoever administers the treatment uses the proper PPE and follows the proper donning, doffing, and disposal methods. They should use a disinfectant from the EPA N-list and follow manufacturer guidelines for dwell time and application to maximize efficacy. The CDC guidelines also state that anyone performing this work should be trained in the OSHA Bloodborne Pathogen (BBP) standard. (See Appendix B for the EPA N-List and OSHA BBP resources)

As you evaluate the ability to use in house staff or the need to hire a professional, be sure to consider the CDC guidelines and the factors summarized above.

7. What is your reactive cleaning and sanitization plan?
8. Will you perform this work in house or hire a professional third party?
9. If using a third-party professional, who will you use?
 - a. Who can call them? What approval is needed before calling them?



- b. How will they be contacted?
- c. When will they be contacted? (After a positive test? After a possible exposure?)

10. How will you determine which areas to treat?

Be sure to consider which areas are confirmed to have been exposed, which areas are likely to have been exposed, and which are unlikely to have been exposed. The impacted areas will likely differ depending on who the individual is. For example, if a maintenance technician is confirmed to have COVID19, it is highly likely they were in more areas in the building than if the infected individual is the employee of a tenant)

11. What level of treatment (in-house vs. professional, reactive vs. proactive) in each area based on degree of exposure?



Appendixes for Additional Information & Sources





Appendix A: Retro-fit Product & Service Solutions

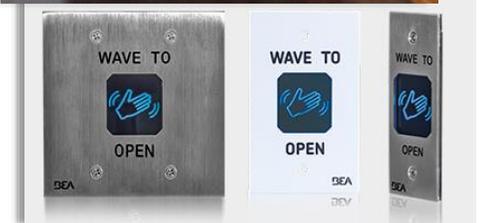
The products and providers below are not endorsements or paid-for-partnerships. Rather, they are examples of product or service providers that you may consider engaging with to reduce the risk of viral transmission in your building. This is intended to provide a visualization of options on the market as a starting point for your consideration. Please be sure to perform your own research into available options and product quality to ensure you select a solution that best suits your requirements.

While these range from temporary to permanent solutions, it is important to note that employee and resident sensitivity to hygienic concerns will remain elevated for some time. Put simply, there will likely be a long-lasting apprehension about touching door handles, buttons, and other similar surfaces. Be sure to consider the needs and concerns of those within your building, your budget, and your company's mindset surrounding short term vs. long term adjustments when researching your options.

Retrofit Options

From technological to simple, there are a variety of options that provide solutions to reduce the number of high touch point surfaces in your building.

- Touchless activation for doors - <http://www.wavetooopen.com/>
- Foot pull door openers - <https://www.stepnpull.com/>
- Arm pull door openers - <https://www.restroomdirect.com/sanitary-door-openers.aspx>



Office Furniture Suppliers

Most companies cannot afford to purchase new furniture. Ask your office furniture supplier, or any of those listed below, for their recommendations on how to reconfigure or add on to your existing furniture.

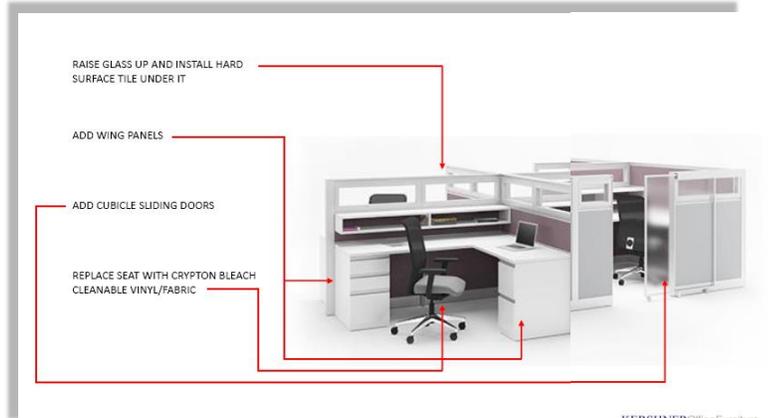


Common examples are below:

- Acrylic or plexiglass partitions or screens for cubicles, desks, counters, etc.
- Cubical sliding doors, wing panels, wipeable panels
- Replacement of chair fabric for cleanable fabric or vinyl

Possible providers:

- Kershner Office Furniture - <http://www.kershneroffice.com/>
- Knoll - <https://www.knoll.com/>



Disinfectant Lighting

Certain types of ultra-violet lighting have disinfectant properties. You may consider installing recessed lighting or mobile stands that provide this function as a longer term solution for building.

- Halo Fixtures – <https://purolighting.com/products/helo-fixtures/>
- Sentry Mobile Stands – <https://purolighting.com/products/#sentrymobile>



Touchless Tools for Personal Use

If retrofitting your touch points or reconfiguring your office is not a viable option, consider purchasing touchless keys for employees or residents. This will allow them to open doors, push elevator or phone buttons, or sign on electronic pads without touching the item itself. Some providers allow for customized branding with your logo or company name.

- CleanKey- <https://www.getkeysmart.com/products/cleankey>
- Branded Sanitary Key- <https://www.apbranded.com/product/touchless-black-acrylic-sanitary-key-69959/>





Appendix B: Informational Sources & Additional Resources

Below is a list of informational resources used to compile this guide and those which may provide additional value to you as you prepare to manage your property in a world with COVID-19. We strongly recommend you or someone from your team are assigned the responsibility to routinely check these sites for updates. The COVID-19 situation is rapidly changing as new information is learned. Information is key to making educated decisions and taking appropriate action.

American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

- COVID-19 (Coronavirus) Preparedness Resources: <https://www.ashrae.org/technical-resources/resources>

Center for Disease Control (CDC)

- Coronavirus (COVID-19) Homepage: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Guidelines for Workplaces: <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- Water and COVID-19 FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/php/water.html>
- PPE Sequence: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- Using Personal Protective Equipment: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
 - CDC How to Doff PPE Video: <https://www.youtube.com/watch?v=PQxOc13DxvQ>
 - CDC How to Don PPE: <https://www.youtube.com/watch?v=of73FN086E8>

Cushman & Wakefield

- A How-To Guide For Reopening Your Workplace: <https://www.cushmanwakefield.com/en/insights/covid-19/recovery-readiness-a-how-to-guide-for-reopening-your-workplace>

Environmental Protection Agency (EPA)

- EPA COVID-19 Guidelines: <https://www.epa.gov/coronavirus>
- EPA N-List: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Healthline

- How Long Does the Coronavirus Live on Different Surfaces?: <https://www.healthline.com/health/how-long-does-coronavirus-last-on-surfaces#different-surfaces>

Occupational Safety & Health Administration (OSHA)

- Preparing Workplaces for COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>
- Respiratory Protection Training Videos: https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html
- Worker Exposure Risk to COVID-19: <https://www.osha.gov/Publications/OSHA3993.pdf>

USI Insurance Services

- Helping Clients Prepare & Respond to Public Health Emergencies: <https://www.usi.com/public-health-emergencies/>