COVID-19 Lessons Learned from a Michigan Community

Presenters:

Gary Nauts, FMP Facilities Management, City of Rochester Hills

Terry Van Doren Senior Risk Control Consultant, MMRMA



Facilities Management

The COVID-19 pandemic has changed the manner in which organizations manage facilities while information on how to address the virus continues to evolve.

Societal Lessons Learned

Beyond the loss of life, COVID-19 has altered societal habits as we increasingly rely on means by which to decrease social contacts:

- Grocery store delivery and pickup services to replace store visits.
- Virtual meetings instead of in-person meetings.
- Virtual education blended with traditional learning.
- Working from home has become increasingly common.



Lessons Learned in Facilities Management

Flatten the curve lessons learned

- Closed borders/work locations to prevent spread of the disease.
- Washing hands like mom told you to prevent and stop the spread of the disease.
- Social distancing to slow the spread of the disease.
- Wearing a mask to slow spread of the disease and protect you and others with whom you come into contact.
- Testing to monitor for COVID-19 and for patient care.
- Aggressive vaccine development to treat, cure, and prevent the disease.



Facility Management

Where do you find resources on COVID-19

- Centers for Disease Control (description of what you found)
- State executive orders Staying updated on the ever changing requirements
- IFMA/State Chapter (International Facility Management Association)
- MMRMA Facilities Management Risk Control Advisory Committee and other COVID-19 resources
- Oakland County
- Google (with appropriate fact-checking)
- YouTube (with appropriate fact-checking)



Facilities Management

Facilities Lessons Learned

Communication is key. Many organizations discovered their communications were inadequate, and crisis management was non-existent. Create a crisis management team to be prepared for whatever may come your way. Practice the plan with the team like a fire drill so all know what part they play.

Invest in technology. Having technology in place helped many organizations shift to remote work instead of being unable to provide services.

Facilities and maintenance leaders will lead the return to normal. Brainstorm the questions you will be asked. Are buildings open yet? Are new cleaning and sanitization measures in place? How do we evaluate that cleaning/disinfecting is being done sufficiently and effectively to protect everyone? Who is accountable and responsible for cleanliness and sanitization? If someone in my building gets sick, what happens then?



Covid-19 Lessons Learned

Facilities Management – Work Area

Key Theme: Sick employees must stay home – people come first for the safety of all.

- Business interruption/continuity comes second some essential functions never go away and must be maintained. What functions are not critical and can be paused?
- Not all jobs are conducive to remote work. **Most facilities** work requires all hands on deck.
- Remote work policies put into place; working from home may not be afforded to all employees.
- Open concept floor plans may not be optimal due to face-to-face contact and social distancing recommendations.
- Be more conscientious on keeping common areas clean to prevent the spread of all diseases. Sanitize
 and disinfect in accordance with CDC guidelines.
- Prepare for the worst set aside funds and supplies for other potential outbreaks and emergencies. Develop an Emergency Preparedness Plan that identifies various emergencies, denotes responsibilities and includes procedures to address work to be done.



Return to Work Guidance

What the Facilities Community is considering

- People Preparedness
- Our Work Environment
- Exposure Event
- Visitor Policy
- Travel Policy
- Cleaning Guidelines / Scope



People Preparedness

- Alignment is needed at all levels we will have to hold hands and pivot with the situation.
- Guidelines for returning to work must be developed with HR; legal review recommended.
- Communicate to the community keep them engaged and empowered.
- What we need from each employee requirements for returning.
- Exposure protocol while restricted at home- screening questions implementation.
- The "new normal" workday:
 - Self Monitoring Physically well and mentally prepared before returning
 - Entry and exit procedures
 - One entry per building?
 - Managing doors, managing expectations
 - Taking temperatures? Staff only? Visitors?
 - Times for work Stagger vs. limited times to be in buildings
 - PPE What will be required?
 - Mask and type?

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RISK

People Preparedness contd.

- Areas where people work and collaborate
- Office spaces how close is too close?
- Conference rooms meeting attendance and room limitations
- Common areas such as entrances, lobbies, etc. limits
- Huddle rooms keep them open?
- Staged return vs. mass return alternating work from home and office
- Work in shifts



Work Environment

Building Preparation

- Sanitizing and cleaning of attended areas having wipes/sanitizer/soap readily available
- AC system and filter maintenance complete invest in air sanitization and monitoring?
- HVAC ventilation rates increased for air flow, and UV lighting installed on HVAC units to kill germs entering the buildings
- Lighting confirmation everything turned off is back on
- Fountains and coffee pots flushed; consider how people interact in these areas?
- Ice machines emptied and refilled, daily cleaning
- Change of focus
- Cleaning schedule
- After meeting cleanings?



Work Environment

How do we address employee and visitor safety?

- Maintaining proper distances in buildings floor signs for social distancing
- PPE
- Sneeze guards at counters?
- Ramp up services versus full return
- Eating in shifts in lunch room?
- Removing seats / limiting seating?
- Elevator Use? How many per elevator?
- Cleaning and sanitization and frequency

Visitor Policy

- Who are we permitting access to our buildings?
 - Vendors who support our operations confirm their COVID-19 policies
 - Contractors who support our business confirm their COVID-19 policies
 - Visitors who enter our facilities
 - Personal visitors limitations?
 - Limitations to movement or building access?
 - Use of common areas



Cleaning Guidelines /Scope

Typical Scope of Work

Provide direct, surface-contact cleaning services using CDC & EPA approved supplies, offering bacterial, germicidal and similar agents to disinfect and reduce risks from contact based pathogens. This is targeted to specific high touch areas.

Disinfection Services Sample Policy Summary

Using the proper EPA registered products, (attached here) designated specifically for disinfection efforts, we are to disinfect the following areas and surfaces over the weekend (Saturday & Sunday) or during working hours approved by management.

These are for the specific, designated floors for XxXxXx

Designated Areas for XxXxXx , to be serviced as applicable

Disinfect all surfaces and touchpoints in the kitchen areas. Tables and surfaces, arms of the seating/chairs (except when fabric covered) handles, and touch pads for the vending, cooking, refrigeration, and beverage appliances.



Cleaning Guidelines /Scope contd.

Disinfect all surfaces and touchpoints in recreation areas including tabletop games, foosball handles, shuffleboard, etc. Disinfect all work surfaces, buffets, occasion tables, arms of the seating/chairs (except when fabric covered), door handles, phones, keyboards, mouse, surface tops, data/electrical ports.

Disinfect all surfaces and touchpoints along interior stairways including handles, in the reception area, and guest/lobby areas as noted above.

Use these and other, similar types of EPA & CDC approved products:

- Array Concentrated Liquid Germicidal Bleach & Disinfectant, 6%,
- Germicidal Cleaner & Disinfectant D (162032)
- Neutral Quaternary and TB Quaternary (BOTH) Disinfectant (570486 & 841260)
- Concentrated Liquid Bleach, Item Number: 490833

The 5.25% germicidal bleach concentration1 c: up (oz.) per 5 gallons water. ALSO Array Germicidal Cleaner & Disinfectant – D (162032)



SAMPLE EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

In order to access the Office, I affirm:

I do not have a fever (100 degrees F or 37.8 degrees C), cough, shortness of breath, sore throat, chills, shaking with chills, muscle pain, headache, diarrhea, or a new loss of taste or smell

I have had no close contact in the last 14 days with someone with a diagnosis of COVID-19..The CDC defines close contact as being within approximately 6 feet of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

I have not traveled internationally or on a cruise ship in the last 14 days

I further affirm that if I answer "yes" to any of the above screening questions, I am excluded from accessing the Office until:

- 3 days with no fever and 10 days since symptoms first appeared
- 14 days if close contact with diagnosed case of COVID-19
- 14 days following travel

I will wear a face covering while in any public spaces within the office.

Date

Time In: _____ Time Out: _____



Employee Name (print)

Employee 3	Signature
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Covid-19 Lessons Learned

Facilities Lessons Learned

In this time of uncertainty, questions will continue well after the pandemic. To reassure everyone, facilities leaders have established cleaning protocols based upon CDC guidance, training their teams, documenting, tracking, and inspecting the work being done.

Facilities leaders will continue to network with their peers, and keep up to date on the everchanging innovations and cleaning protocols with a goal of keeping everyone who visits their entity's buildings and facilities safe. Facilities managers and their teams are essentially the First Responders to all buildings.

Be safe, and be well.

Gary Nauts FMP, Facility Manger for the City of Rochester Hills

Terry Van Doren, Senior Risk Control Consultant, MMRMA



Questions?



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