

Michigan Economic Recovery Council (MERC)

COVID-19 health practices: Research Laboratory

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Executive summary

Academic research in this context encompasses the following: laboratory / bench research and field research (trees, wildlife, water, fields). Other sections that may be handled separately are: office based and human subject research

Common set of practices for academic research facilities

- Will be scalable for small and large spaces (flexibility on how to achieve 'core practices')
- Will be easy to communicate and executable
- Will not be cost prohibitive

Supporting documentation to be aligned with CDC guidelines. In case of any conflict between any of the foregoing guidance or requirements, the strictest shall apply.

There are a couple important considerations for academic research spaces

- TBD

Document is meant as a guide; not exhaustive

Across facility types, health practices fall into the following eight categories



1 Response owners and plan

Establish virus response team



2 Facility entry and health check protocols

Conduct health screenings, temperature checks, send sick employees home, restrict visitors/contractors



3 PPE requirements

What PPE is necessary in this environment? (Provide guidelines and PPE for different settings and roles)



4 Distancing

How do we ensure we are maintaining appropriate distance across the facility?



5 Cleaning

What are the cleaning protocols and how to we communicate these effectively to employees?



6 Case monitoring protocols

How do we ensure we can respond quickly to a potential case?



7 Facility/space temporary closure

What is our response plan? (e.g., Block off areas of exposure to allow appropriate deep cleaning)



8 Travel restrictions

How do we handle employee essential and personal travel?

Core practices (“must-haves”): Practices that can be implemented more broadly across different sized organizations

Next level implementation: Recommended additional practices that provide better risk mitigation (for better equipped facilities)

Academic research facilities can safeguard their facilities with health practices in the following focus areas

Draft

Categories

Health practice overview

- | | |
|--|--|
| 1 Response owners and plan | Establish team or roles
Define scope of team (e.g., manage implementation of practices and protocols)
Communicate role of team and expectations to employees |
| 2 Facility entry and health check protocols | Reduce congestion at start times and entry point(s)
Screen employee health/exposure
Screen all essential visitors with similar protocol |
| 3 PPE requirements | Ensure PPE (face cover, hand sanitizer) is stocked
Establish standard PPE protocol and distribution methods
Require facial coverings (follow public health specifications)
Provide guidance for PPE usage and reasoning |
| 4 Distancing | Increase general distancing between people
Limit common space use and operations
Provide physical reinforcements (e.g., barriers, X's, one-way traffic flow) for distancing expectations |

Categories

Health practice overview

- | | |
|------------------------------------|--|
| 5 Cleaning | Conduct frequent daily cleaning of all high touch areas and post protocols publicly
Establish employee cleaning protocols
Elevate daily and deep cleaning by 3 rd parties
Conduct routine checks for cleaning procedures |
| 6 Case monitoring protocols | Define protocol for symptomatic employees
Provide symptom checking and guidance to exposed employees
Mark off and clean spaces identified in tracing |
| 7 Facility pause/shutdown | Enforce appropriate shut down/ pause and cleaning protocol |
| 8 Travel restrictions | Restrict business and personal travel |

1: Response owners and plan (health practices)

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Health practice overview	Core practices	Next level implementation for better equipped facilities
Establish team or roles	Form team for ongoing COVID-19 safety preparedness management using a consistent set of protocols	Assign employees to ongoing virus response team to ensure clear decision-making and accountability (sole or primary focus)
Define scope of team (e.g., manage implementation of practices and protocols)	Create and guide execution of health and safety plan that includes protocols and/or checklist for labs Build phased approach to return dates – enables distancing, PPE management Ensure adherence to safety protocols – conduct training, clarify protocols, informed by CDC, deploy personnel to necessary checkpoints (e.g., temperature recording)	Leverage a digital tool or dashboard to track success of protocols and opportunities for improvement
Communicate role of team and expectations to employees	Send notice (e.g., digital) to employees of team formation and who will be point of contact for questions	Conduct periodic (e.g., weekly, monthly) Q&A with representative of team to supply employees with updates in policy and operations

2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
<p>Reduce congestion at start times and entry point(s) (from vehicle to desk)</p>	<p>Assign dedicated entry point(s) into lab buildings (to reduce congestion at main entrance, to help with screening needs, and to help with tracing)</p> <p>Provide visual indicators of appropriate spacing (e.g., lines or x's) outside building in case of congestion</p>	<p>Reduce entry congestion and ensure screening effectiveness through space and/or timing management (e.g., stagger start times for locations)</p>
<p>Screen employee health/exposure (home, entrance)</p>	<p>Advise vulnerable workers and people with underlying health conditions of their right to continue to quarantine, and to draw down UI benefits instead of returning to work</p> <p>Conduct common screening protocol, at bare minimum conduct symptom and contact questionnaire (should also consider temperature check, overall health status check, screening questions at home or entrance) and keep pulse on CDC guidelines</p> <p>Instruct symptomatic employees to remain home</p>	<p>Check on outside lab interactions (e.g., vulnerable family members, secondary jobs – firefighter, volunteer, EMT) and have employee stay home if possible</p> <p>Make temperature and screening procedure visible to ensure employees feel safe to enter the building</p> <p>Provide guidance on stay home while sick, hygiene and separation</p> <p>Leverage digital application to record questionnaires and temperature</p>
<p>Screen all visitors with similar protocol</p>	<p>Suspend all non-essential in-person visitors (including visiting scholars, undergraduate students) until further notice</p> <p>Develop visitor screening protocols - if visit is absolutely necessary apply equal standard or more stringent standard as employees</p>	<p>Create delivery area and protocols to encourage as much non-contact delivery as possible</p>

2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (examples)

Screen employee health/exposure (home, entrance)

Screen all visitors with similar protocol

Questions:

Enter the team member EmplID (If KBS, Paramount or Serv U, enter name) * Required Response

Do you have any new and unusual of the following symptoms: fever greater than 100.4 degrees F, cough, difficulty breathing or shortness of breath, diarrhea, chills or sore throat? * Required Response

Yes

No

If a touchless thermometer has been provided to your store, confirm the team member's temperature below.

Select N/A if no thermometer has been provided * Required Response

Yes (Temperature is > 100.4° F)

No (Temperature is <= 100.4° F)

N/A

Have you had or have you been notified that you have had close contact with a person that has been diagnosed with COVID-19 through a positive test result? * Required Response (does not apply to Pharmacists or Pharmacy Techs)

Yes

No

Have you travelled internationally or domestically (i.e. air travel or cruise) within the last 14 days? * Required Response (does not apply to Pharmacists or Pharmacy Techs)

Yes

No

If "Yes" was answered to any questions above:

- The team member is not permitted to work that day
- The team member must contact ILM at 1-800-854-7062
- The team leader must enter 2 hours of pay for the team member

3: PPE requirements (e.g., what do you need before walking in facility) (health practices)

Health practice overview	Core practices	Next level implementation for better equipped facilities
Ensure PPE and safety supplies (facial coverings, hand sanitizer) are stocked	Make sure lab is stocked with soap and hand sanitizer (hand sanitizer with over 60% alcohol) Ensure that team members have access to facial coverings (surgical masks or cloth masks made to public health specifications)	Ensure PPE (e.g., sanitizer, masks) are on order to provide proper lead time for refills Procure contactless thermometers , facial coverings, sanitizer for employees etc.
Establish standard PPE protocol and distribution methods	Facial coverings are required for all employees and should be presented by employer or employee before employees approach the facility entrance check point. Establish distribution plan for handing out and ensuring facial coverings (by select member of team or during building entrance screening)	Hand out facial coverings for all personnel (average 2 masks/week), (e.g., surgical masks, cloth masks, cloth coverings) Establish mask pick-up location in the building for people not present during distribution or who needs a replacement Record and track who has received their weekly masks
Require facial coverings	Require face coverage (e.g., surgical masks, cloth masks) in shared spaces . Mask guidance includes surgical masks, cloth masks, and cloth face coverings (must follow public health specifications) Increase handwashing accessibility (hand sanitizing when hand washing is not possible). E.g., prop restroom doors open to reduce contact points	
Provide guidance for PPE usage and reasoning	Remind employees to bring PPE home and back each day (e.g., security guard reminder and/or signage at exit(s)) Communicate guidance on required vs optional PPE situations Educate employees on appropriate use of PPE (new or existing training/signage/ communication for donning and doffing masks, glove protocols, cleaning up after use, limitations of cloth coverings, proper hand washing)	Conduct digital training prior to return to work on how to properly use PPE Provide cleaning instructions for PPE to employees (leverage CDC guidance)

3: PPE requirements (e.g., what do you need before walking in facility) (examples)

Ensure PPE (facial coverings, hand sanitizer) is stocked

Cloth mask



Surgical mask



Provide guidance for PPE usage and reasoning

[Coronavirus \("COVID-19"\) Preparedness: Critical Onsite Team Member Guidelines](#)

The health and wellbeing of our team members remains of utmost importance to us. We continue to monitor evolving CDC guidelines and state directives on best practices to maintain a healthy work environment. Below are our updated guidelines for our critical onsite team members, effective immediately until further notice.

HAND WASHING; COUGHS AND SNEEZES:
You can help minimize the spread of COVID-19 by practicing good hygiene etiquette.

1. Wash your hands often with soap and water for at least 20 seconds (sing "happy birthday" twice) especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. A helpful guide on proper hand washing can be viewed here: <https://www.youtube.com/watch?v=r9T4EnrdJ4Fo&feature=youtu.be>
2. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Hand sanitizer can be found in common areas on the floor such as the kitchen.
3. Avoid touching your eyes, nose, and mouth with unwashed hands.
4. Remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. A helpful guide can be viewed here: <https://www.youtube.com/watch?v=ec8NkvPjI8g>
5. Throw used tissues in the trash.

MASKS AND GLOVES:

1. We are requiring all team members to wear a mask that covers your nose and mouth or other face covering (scarf, bandana) while you are in the office.
2. You will be supplied with a mask to wear during your workday. If you need a face mask, reach out to your team leader to get one for you.
3. You can supply your own mask if it is in line with the CDC's guidelines. Here are some helpful tools on how to make your own mask if you wish:
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
 - b. <https://www.youtube.com/watch?v=tPr1vqvJnf4&feature=youtu.be>

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

4: Distancing (health practices)

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Health practice overview	Core practices	Next level implementation for better equipped facilities
Increase general distancing between people	Restrict capacity of labs to 1-2 people or 1 person/144 sq feet (include signage on individual lab spaces with capacity) Ensure employees stay 6ft apart using appropriate visual cues – tape, floor markings, remove seats, one directional stairwells Recommend vulnerable populations (or if you live with someone at risk) to work from home or establish separate working hours (note: do not ask for specific reason) Prohibit handshakes , and other high-risk behaviors Minimize use of high touch items where possible (e.g., leave doors open) Ensure office and Dry Lab research remain remote	Provide specifics on lab and home practice (optional guidance) Deploy training and support for any mandated requirements from the State
Limit common space use and operations	Close/limit open workspaces, cafeterias, and conference rooms (restrict and manage elevator usage) Turn off water fountains (add note that they are inoperative)	Limit capacity in restrooms (prop doors open when possible to reduce contact, close off alternative stalls, leverage door markers) Install touchless waste bins
Provide physical reinforcements (e.g., barriers, X's) for distancing expectations	Include tape on the floor to demarcate workspaces for 6 feet in labs Only allow certain seats to be filled (remove seats) to ensure 6ft Prohibit meetings that may interfere with social distancing	Establish barriers between workstations Place X's in elevators to limit capacity Mark the ground to enforce one way traffic through hallways, stairs, and/or doorways and prop doors open to reduce congestion and contact risks

5: Cleaning (e.g., daily cleaning routine) (health practices)

Draft

Health practice overview	Core practices	Next level implementation for better equipped facilities
Conduct more frequent daily cleaning of all high touch areas and post protocols publicly	Disinfect site work stations and common surfaces prior to site reopen Shut down area (e.g., coffee machines) if adequate cleaning cannot be provided Enforce new protocols for disinfecting lab equipment and sanitation/ bathroom facilities	Set HVAC to ensure max air circulation (40% outside air) Sanitize microwave and buttons after use and other communal items Investigate use of ultraviolet cleaning technology for high touch-point areas (e.g., door handles, elevator buttons)
Establish employee cleaning protocols	Encourage employees to clean items prior to entry (e.g., phones) Provide disinfecting wipes with EPA-approved emerging viral pathogens and require employees wipe down work station 2-3 times daily Encourage employees to wash hands frequently (when not possible, increase hand sanitization availability). Allow time/supplies to do so Post physical signage specific to personal hygiene (wash hands, cover cough/sneeze, don't touch face) and disinfection Minimize shared items (e.g., markers, lab equipment); if items must be shared establish cleaning protocols for before/after each use	Educate employees on cleaning protocols for personal items Digital reminders to employees to clean appropriate reminders
Elevate daily cleaning and deep cleaning by 3rd parties	Designate cleaning protocol for all areas and ensure visibility , (frequency depends on threat level and touch-point frequency – e.g., water stations, restrooms cleaned more) Communicate increased cleaning schedule to facilities and janitorial employees and verify janitorial companies exercise proper protocols	Create specific protocols for shared spaces , to indicate when facilities have been used Implement clean desk policies at the end of each day to ease cleaning procedures Conduct deep clean if a presumed case is identified
Conduct routine checks for cleaning procedures	Implement a compliance procedure to ensure cleaning criteria in the stabilization phase remain consistent	Monitor lab cleanliness with checklist from virus response team (facility owner, research leader)

5: Cleaning (e.g., daily cleaning routine) (examples)

Illustrative

Conduct more frequent daily cleaning of all high touch areas and post protocols publicly

Establish employee cleaning protocols

Elevate daily cleaning and deep cleaning by 3rd parties

Conduct routine checks for cleaning procedures

2. **Cleaning**
 - Implement a mildly enhanced cleaning service; substitute cleaning solutions to better attack virus (with bleach or other ingredients that state EPA approved emerging viral pathogens or Clorox 360 machines), focus attention on communal, public and highly trafficked areas and increase frequency of cleaning to the following minimum standards.
3. **Restrooms:**
 - Counter tops, sinks, faucets, toilets, urinals, stalls, doors. Light switches, soap dispensers, sanitary dispensers
 - Recommended frequency – 1x daily
4. **Break Areas:**
 - Tabletops, chairs, benches, trash receptacles, buffet lines, registration stations, doors, vending machine stations, refrigerators, handles, doors, light switches, napkin holders
 - Recommended frequency – 1x daily
5. **Common areas:**
 - Concierge stations, elevators, stairs coffee machines, phones, light switches, doors,
 - Recommended frequency – 1x per day
6. **Conference rooms:**
 - Table tops, chairs, phones, white boards and utensils, light switches, doors
 - Depending upon the face to face guideline recommendation, conference room use may be at a minimum. Recommended – 1x per day
7. **Offices:**
 - Table tops, chairs, key boards, phones, light switches, doors
 - Recommended frequency – 1x per day

Workspace Hygiene

Janitorial services at DTE does not include cleaning of individual workstations. Individual users are responsible for cleaning the workstations that they use. These simple solutions can assist in keeping your area clean.

PRACTICE GOOD PERSONAL HYGIENE

- wash hands often with soap and water. If not available, use hand sanitizer
- avoid touching your eyes, nose, or mouth with unwashed hands
- avoid contact with people who are sick
- stay home while you are sick and avoid close contact with others
- cover your mouth/nose with a tissue or sleeve when coughing or sneezing

Keyboards. Wet a paper towel with water and a small dab of soap and lightly clean any dirty areas. They are safe to be wiped down with a sanitizer wipe.

Computer mouse. They are safe to be wiped down with a sanitizer wipe.

Computer monitor. LCD or LED screens require special cleaning procedures. It is important to remember not to spray any liquids onto the screen directly. Cleaning solution should be applied to a soft cotton or microfiber cloth and then gently wipe the screen. Rubbing alcohol on a microfiber cloth works well.

Phones and headsets. Avoid sharing phones and headsets. These items can all be cleaned with sanitizer wipes. Cell phones should be cleaned as well.

Staplers and tape dispensers. Be certain to use sanitizer wipes to clean all surface areas of the stapler and tape dispensers, top, bottom, and sides. These items are often picked up, and more than just the top should be cleaned.

Pencils and pens. These tools are best cleaned by wiping them down with sanitizer wipes individually since they are held and pass through many hands.

Chairs. Chairs should be wiped down with antibacterial wipes.

Desktop. The final step of a clean workspace is a disinfected desk. Once you've cleaned the other items on your desk, you're ready for the finishing touch. Use disinfectant wipes to thoroughly clean the entire surface. Do not ignore spaces that aren't easily accessible. For instance, lift photo frames to wipe underneath them.

Common work areas. Don't forget to disinfect common work areas as well. Areas like printers and equipment in copy rooms carry the same risk of germs as do the items in an individual work area.

Kitchen spaces. When using kitchen areas, be sure to wipe down with sanitizer wipes after use. Don't use aerosol in these areas, as the chemicals may contaminate food and beverage containers.

TENANT - CLEANING FREQUENCIES				
Touch Point	Enhanced Frequency			
	Process Owner			
	Day Porters	Facilities (Daily)	Janitorial	Tot
RESTROOMS				
Restroom Sinks/Handles	3x	N/A	1x	4x
Restroom Vanities/Countertops	3x	N/A	1x	4x
Stall Doors	3x	N/A	1x	4x
Entrance Door Handles	3x	N/A	1x	4x
Toilet Handles/Buttons	3x	N/A	1x	4x
TP Dispensers	3x	N/A	1x	4x
Soap Dispensers	3x	N/A	1x	4x
Feminine Waste Receptacles	3x	N/A	1x	4x
KITCHENS				
Kitchen Sinks/Handles	3x	N/A	1x	4x
Kitchen Countertops	3x	2x	1x	6x
Microwave Door Handles	3x	2x	1x	6x
Refrigerator Door Handles	3x	2x	1x	6x
Vending Machine Key Pads	3x	2x	1x	6x
Toasters	N/A	2x	N/A	2x
Dishwasher Doors	3x	NA	1x	4x
Cabinet Handles/Knobs	3x	2x	1x	6x

Layered Audit Checklist

Tasks
 Implement Audit

Conforming Audit Card

Shift:	Card #
Inspection Area:	
General Disinfection Measures	
<input type="checkbox"/> 1. Did the cleaning crew / employees receive training about the disinfection method and frequency?	
<input type="checkbox"/> 2. Was hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution) used as appropriate?	
<input type="checkbox"/> 3. Did the team conduct a comprehensive cleaning in all work cell common surfaces (control buttons, touch computers, trays, containers, forklifts, machines)?	
<input type="checkbox"/> 4. Did the team conduct a comprehensive cleaning in all offices, desk and conference rooms (cabinets, desk, table and chair surfaces)?	
<input type="checkbox"/> 5. Did the team conduct a comprehensive cleaning in all general objects of use used or touched (floors, windows, handles, faucets, sinks, bathrooms)?	
<input type="checkbox"/> 6. Did the team conduct a comprehensive cleaning in cafeteria/canteen (tables, chair surfaces, dispensers, vending machines, etc.)?	
<input type="checkbox"/> 7. Did the team conduct a comprehensive cleaning in all common surfaces of personnel (bus seats surfaces, rails, belts, dials, windows, floor)?	
<input type="checkbox"/> 8. Did the team conduct a comprehensive cleaning in floors, walls and multiple areas (tables, chair surfaces, dispensers, vending machines, etc.)?	
2nd Layer Audit Audit of the above performed by a higher-level manager	3rd Layer Audit Audit of Layer 2 by EMS or a higher-level manager
9. Were non conformities raised? Y/N	13. Were all non conformities closed? Y/N
10. If yes, were they actioned?	14. If no, please provide reasons:
11. If no, please provide reasons:	



6: Case monitoring protocols (health practices)

Draft

Health practice overview	Core practices	Next level implementation for better equipped facilities
Define protocol for symptomatic employees	<p>Ensure employees with symptoms are sent home</p> <p>Create policies to encourage workers to stay home or leave facility (e.g., temp paid sick leave if medically advised to quarantine) when feeling sick or when in close contact with a confirmed positive case</p> <p>Establish clear reporting process for any symptomatic or positive test employees (e.g., notify lab leaders, maintain central log)</p> <p>Follow doctor’s orders or public health officials guidance for returning to work if an employee has laboratory confirmed COVID-19</p>	<p>Provide work from home support (e.g., video conferencing if an experiment needs to be continued)</p> <p>Check in periodically on symptoms and work ability</p>
Provide symptom checking and guidance to exposed employees	<p>Initiate cleaning and communication protocols when employees are sent home with symptoms (e.g., inform team members/manager of potential exposure)</p>	<p>Conduct tracing procedures for 3-7 days prior to onset of employee symptoms (based on where employee was and whether PPE was worn)</p> <p>Communicate potential exposure or positive cases, while maintaining employee privacy</p>
Mark off and clean spaces identified in tracing	<p>Clean appropriate areas based on tracing procedures and CDC recommendations– areas with contact are shut down, third party company cleans</p>	<p>If appropriate, leverage third-party cleaning services</p>

7: Facility/space temporary closure (e.g., clear area if someone comes to work sick) (health practices)

Draft

Health practice overview

Enforce appropriate shut down/ pause and cleaning protocol

Core practices

Send potentially exposed people home if there was a positive case in the building

Temporarily close appropriate locations in the building down (or full lab) for deep cleaning (enforce appropriate amount of shutdown time) if there was a confirmed positive case (before reopening: conduct deep cleaning and check in with employees having direct contact)

Next level implementation for better equipped facilities

Establish situation room representatives (HR, security, communications) to prepare for evacuating or closing facility

8: Travel restrictions (health practices)

Health practice overview

Core practices

Next level implementation for better equipped facilities

Restrict business and personal travel

Reduce risk from employees, customers, vendors by **restricting non-essential travel (e.g., conference)**

Permit business critical air travel (and public transport in some cases) only after receiving **appropriate approval**

Require **appropriate quarantine time** after returning from personal travel (confirm with supervisor upon return)