

P2.2 Enhanced Cleaning Protocols

Pandemic Memos (Hallmark)

MEMO: STAFF EXHIBITING FLU SYMPTOMS

To: All Managers and Supervisors of Hallmark Housekeeping Services Inc.

Location: All Locations Across Canada

With the recent reports of the Novel Coronavirus (2019-nCoV) in Canada, the purpose of this memo is to communicate with our Managers and Supervisors the proper protocol regarding staff who have recently travelled or are exhibiting flu-like symptoms.

Please ensure you are following the steps below when addressing staff who have recently travelled or exhibit flu like symptoms:

1. Ask staff if they have traveled to Wuhan, China or any other area with reported cases of Coronavirus.
2. If *yes*, ask whether they may have come in close contact with anyone known or believed to be infected.
3. If *yes*, direct staff to consult their health care provider immediately.
4. If they present or report flu-like symptoms, immediately direct them to contact a medical professional who will administer the appropriate medical analysis. The individual may be placed on an administrative leave pending medical evaluation.

MEMO: PROPER HYGIENE

To: All Staff of Hallmark Housekeeping Services Inc.

Location: All Locations Across Canada

The purpose of this memo is to communicate with our staff proper hygiene procedures considering the recent Novel Coronavirus (2019-nCov) in which there have been confirmed cases within Canada.

Keeping our hands clean is one of the most important steps we can take to avoid getting sick and spreading germs. Many illnesses are spread by not washing hands. Wash your hands often and in the following situations:

- After blowing your nose, coughing, or sneezing
- After using the toilet
- Before and after preparing food
- Before you eat
- Before and after caring for someone who is sick
- After changing diapers or cleaning up a child who has used the toilet
- Before and after treating a cut or wound

If you have cold-like symptoms, you can help protect others by doing the following:

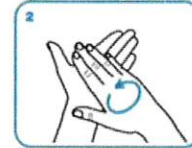
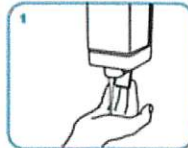
- Stay home while you are sick
- Avoid close contact with others
- Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue into the trash and wash or sanitize your hands
- Clean and disinfect objects and surfaces

Please use the attached Hand Washing Poster as a guideline.

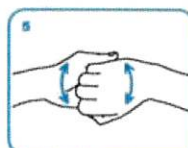
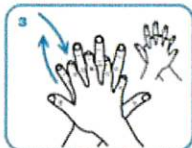
How to Hand Wash

© 2019 Alberta Health Services.

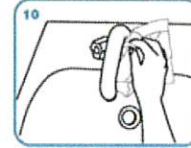
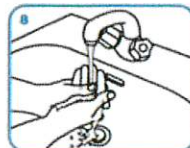
If you have any questions or comments regarding this information please contact the Infection Prevention & Control Hand Hygiene Program at Hand.Hygiene@ahs.ca



- Roll up long sleeves and push up any wrist accessories
- Wet hands with warm water
- Apply enough soap to cover surfaces of the hands



- Vigorously rub soap over palms, backs of hands and wrists
- Include space between fingers, fingertips and thumbs
- Procedure should take 15 to 30 seconds



- Rinse under warm, running water
- Pat hands dry with disposable towel
- Turn tap off with the disposable towel

Periodically apply AHS-provided hand lotion for skin integrity.

Adapted with permission from The World Health Organization

Original date: May 2017
 Revised date: June 2019

MEMO: PERSONAL PROTECTIVE EQUIPMENT

To: All Staff of Hallmark Housekeeping Services Inc.

Location: All Locations Across Canada

The purpose of this memo is to remind our staff of the proper procedures for using personal protective equipment (PPE) considering the recent Novel Coronavirus (2019-nCov).

Personal protective equipment (PPE) provides a physical barrier between a person and the environment. The more PPE covering the body, the greater that physical barrier.

The main reason that PPE should be used in Pandemic Planning is **to protect the user against health or safety risks at work.**

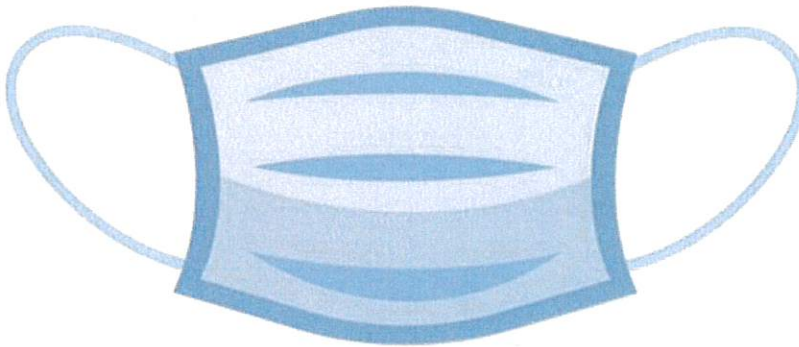
In Pandemic Planning, the main items of PPE used are:

- Face masks: Should be worn to avoid inhalation of potentially hazardous substances.
- Gloves: Must be worn at all times while performing cleaning duties and when removing garbage.
- Eye protection (goggles / shields): Eye protection must be worn when using particular cleaning products.

Please use the attached PPE Poster as a guideline.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

FACE MASK



GLOVES



SAFETY GLASSES



MEMO: TOUCHPOINT CLEANING/DISINFECTION

To: All Staff of Hallmark Housekeeping Services Inc.

Location: All Locations Across Canada

The purpose of this memo is to communicate with our staff the importance of increasing focus and frequency of touchpoint cleaning in critical building areas in light of recent reports of the Novel Coronavirus (2019-nCov).

The coronavirus could spread when infected individuals touch objects/surfaces such as:

- Doorknobs and handles
- Elevator buttons
- Handrails
- Washrooms fixtures
- Other frequently touched surfaces throughout a building or office space

The virus can be transmitted to another person who touches the same object and then transfers the infected material from their hands to either their nose, mouth or eyes.

As service providers in the janitorial industry, we have an important role in preventing the spread of any virus. When completing our daily tasks, it is important to increase the cleaning of touchpoints as required.

Here are a few tips that can help us identify important touchpoints and control and prevent the virus from spreading further:

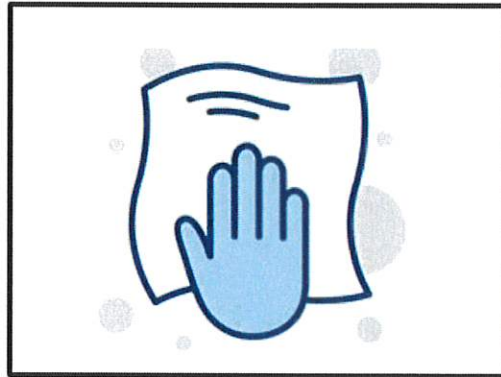
- Touchpoints such as doorknobs/handles, elevator buttons, handrails, washrooms fixtures, and kitchen fixtures should have increased and intensified disinfection daily.
- Ensure the correct colour of microfibre cloth is being used in the correct area and that it is clean.
- When disinfecting areas ensure you are using the correct product as specified by the company and your supervisor.

Please use the attached Touchpoint Cleaning Poster as a guideline.

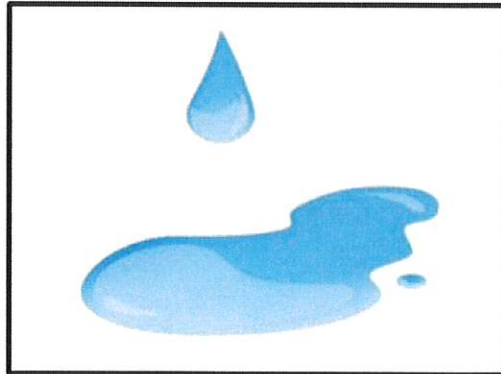


TOUCHPOINT CLEANING/DISINFECTION PROCEDURE

Step 1:
Apply disinfectant to
surfaces with a
microfiber cloth and
wipe



Step 2:
All surfaces must
remain visibly wet for
1 minute



Step 3:
Allow
surface
to air dry





COVID-19 (Coronavirus) Preparedness

What We Know

As of March 6th, 2020 the World Health Organization (WHO) reported approximately 95,265 confirmed cases of the COVID-19 globally. There is one presumptive case in Alberta as of March 5th, 2020, additional details will be provided as they become available. To date, 45 cases have been announced in Canada.

At this time, the current overall risk to Albertans is considered low by medical experts.

It is also important to stay up-to-date with local news and government announcements that relate to the spread of COVID-19 (Coronavirus).

How Are We Keeping Your Workplace Safe

Enhanced cleaning protocols have been implemented. The Janitorial staff is continuously sanitizing common area surfaces and high touchpoints including door handles, hand rails, light switches, elevator surfaces, parkade, entrances, etc. throughout the building. We have a dedicated Sanitizing Day Porter on site daily.

Each evening, all high touchpoints such as offices, workstations, kitchens, washrooms etc. are sanitized. We recommend clearing appropriate work surface areas to ensure Janitorial staff have access to clean as staff cannot move personal items. In addition, we also recommend employees clean computer keyboard, mouse, or monitors daily. Janitorial staff cannot touch any electrical equipment that could be compromised by disconnection.

General Prevention Tips

Protect yourself and others from getting sick

- Frequently clean hands by using alcohol-based hand rub or soap and water;
- When coughing and sneezing cover mouth and nose with flexed elbow or tissue, throw tissue away immediately and wash hands.
- Avoid touching eyes, nose, or mouth.
- Avoid close contact with anyone who has fever and cough.
- If you choose to wear a face mask, be sure to cover mouth and nose – avoid touching mask once it's on.
- If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider.
- Ensure employer is aware of any symptoms that you may be experiencing.
- If you have symptoms of illness, including fever, cough, headache and extreme tiredness, stay home from work, school, daycare, or any social function.
- Please also refrain from visiting family, friends or loved ones in hospitals, care facilities or seniors lodges, until you have fully recovered from any illness.



- Ask employer to provide disinfectant wipes to disinfect common area equipment, such as, phones, computers, work surfaces, counters, arm rests, light switches, door handles etc. throughout each day.
- Hand sanitizer is recommended for each work station to reduce the risk of spreading germs.

Questions

If you have any questions or concerns that relate to the building, please contact Hines at 780-426-6088 or by email at Enbridge.Centre@hines.com

Hines Pandemic Influenza Preparedness Manual

PANDEMIC INFLUENZA PREPAREDNESS MANUAL

Pandemic Preparedness

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Introduction

Revised Plan Based on WHO Guidance

With the assistance of International SOS¹, Hines has reviewed and updated the Hines Pandemic Flu Preparedness Manual to reflect new information on the risks and effective responses to pandemic influenza; specifically, a recent transition by the Centers for Disease Control (CDC) and the World Health Organization (WHO) to a “continuum of pandemic phases” (Interpandemic, Alert, Pandemic and Transition). This standard considers different timing of a pandemic in different parts of the world and differences in severity in different countries and communities.

Updated and Additional Resources

As the focus of the new standard is more localized with varying scenarios, a number of supporting documents have been updated, and several informational documents and tools have been added. Hines has updated Action Tables with detailed Information Sheets to explain the general actions that may be required through each Pandemic phase. All documents will be maintained on myHines.com and will be updated as new information becomes available.

Hines Pandemic Managers – Property/Facility/Department

As with the previous preparedness manual, each property, facility, office or department will appoint a Pandemic Manager to be responsible to coordinate the implementation of the company influenza Pandemic Plan at a designated property or facility, taking appropriate action based on the WHO identified Pandemic phase and communicate appropriately with internal and external individuals.

Review of Resources

Although there is not currently a threat of a U.S. pandemic, Hines Pandemic Managers should become familiar with the new guidance and resources by reviewing the following sections of the Pandemic Flu Preparedness Plan on myHines.com at *Property Resources > OPS – All Documents > Risk Administration/Life Safety > Pandemic Flu Preparedness Plan*.

- Hines Overview of Pandemic Influenza
- Property/Facility Manager Responsibilities
- Department Manager Responsibilities

¹ *Hines has a long-standing relationship with International SOS, a global medical and security resources vendor with unrivalled knowledge and experience across our international portfolio, and a firm that has been at the forefront of pandemic preparedness since 2003.*

Overview of Pandemic Influenza

Overview of Pandemic Influenza

Pandemic vs. Seasonal influenza

Pandemic influenza is quite different from the routine outbreaks of “regular” flu that occur each year during “flu season”. Those outbreaks are caused by *seasonal* influenza, and they occur annually in the northern and southern hemispheres during the winter months. (‘Seasonal’ flu also occurs throughout the year in tropical areas.)

Seasonal influenza

Flu viruses change constantly. Small changes known as *genetic drift* result in slightly different strains of influenza virus each winter. That is why the population suffers seasonal flu annually. People have limited residual immunity to the new, slightly different version of flu that causes outbreaks each year, even if they had an influenza infection (or a flu vaccination) the year before. Seasonal influenza is a serious infection that kills over 30,000 people in the United States annually. People who are very young or very old are the most at risk.

Pandemic influenza

A pandemic is triggered when the human population is exposed to an influenza virus to which it has virtually no immunity.

Pandemic influenza can be a much more serious illness than seasonal influenza, with much higher death rates. An especially important point of differentiation is the fact that young, healthy people can be seriously affected with pandemic flu. This age group is usually not at high risk for serious infections during seasonal flu outbreaks.

Pandemic influenza can occur under the following circumstances:

- A large change occurs in the genetic structure of a human influenza virus (genetic shift).
- An influenza virus that previously has not affected humans (such as an avian or pig influenza virus) gains that ability to infect people.

There are three criteria that must be met in order for an influenza virus to be able to infect people worldwide and cause a pandemic:

- 1) A new virus subtype must emerge to which people have little or no immunity.
- 2) The new virus must be able to infect people and cause substantial illness and death.
- 3) The new virus must be easily transmitted from person to person.

Experts cannot say when the next pandemic will arise, or which virus will be responsible.

Past pandemics

History suggests that several influenza pandemics usually occur each century. A total of four pandemics have occurred since the 20th century with the "Spanish Flu" being by far the most severe.

1918: Spanish Flu

The 1918-19 "Spanish Flu" outbreak occurred immediately after World War 1 and lasted about 15 months. Even though this was the era before commercial airline travel, the disease spread across the world within two months. It was a global catastrophe. Approximately 30% of the world's population was infected and about 50 million people died - many within 48 hours of becoming ill. It was caused by an H1N1 strain of influenza A. The virus may have originated in the Northern France or the USA. One of the current seasonal influenza strains is a "descendant" of this virus.

Several "waves" of infection occurred. The first wave of illness struck Europe, Asia, Africa and the USA. WHO described this first wave as "not especially deadly." The second wave caused greater numbers of infection and saw more deaths.

Spanish flu was especially able to kill young adults between the ages of 15 and 35, as well as the very young, the elderly and the infirm. No antibiotics or vaccinations were available during this pandemic.

Quarantine efforts did not prevent the disease from spreading globally, except possibly to delay its introduction into Australia. Due to its isolation, Australia remained unaffected until 1919. By the time the virus reached Australia, the flu strain was not as virulent (serious) but may have remained active for a longer period.

1957: Asian Flu

The virus that caused the 1957 Asian influenza pandemic was first identified in the Far East. It was an influenza A/H2N2 strain. (This strain no longer circulates in humans). Low immunity rates in people less than 65 years of age allowed scientists to predict a pandemic and vaccine became available in August 1957.

The pandemic occurred in waves and most deaths occurred between September 1957 and March 1958. The elderly had the highest rates of death.

1968: Hong Kong Flu

In early 1968, an influenza pandemic virus was first detected in Hong Kong, and was an A/H3N2 strain. The pandemic lasted from September 1968 until March 1969. Deaths from this virus peaked in December 1968 and January 1969, with those over the age of 65 most likely to die. A form of this virus still circulates as seasonal flu.

2009: Pandemic A (H1N1) 2009

In April 2009, the world was alerted to news that in Mexico, hundreds of people were affected by a severe respiratory illness. Testing confirmed a new influenza virus, (a new strain of influenza A/H1N1), which had genetic components from bird, pig and human influenzas. Soon after, human cases were detected in the United States and Canada. The virus was initially termed “Swine Flu” as it was genetically related to strains of flu circulating in pigs, although the virus was being transmitted between people, and not from pigs.

By June 2009, the virus had spread in humans across the world, and WHO declared the situation a pandemic. The pandemic was declared over in August 2010.

The virus is now officially termed “influenza A (H1N1) pdm09” and is still circulating. It is now considered a seasonal strain, although it is still capable of causing severe infection and death.

Although there is still much ongoing analysis of the pandemic, overall it was considered mild.

- The majority of people who are infected suffer mild symptoms and recover fully without specific treatment.
- The virus is capable of causing severe and fatal disease in a minority.

- Those who suffer severe disease mostly have an underlying condition such as pregnancy, chronic illness or obesity. However, people who are healthy can also develop serious infection.
- Most people who have been infected are under the age of 65 years.

Avian Influenza

Avian flu is a group of viruses that cause influenza in birds. Avian flu A/H5N1 is one type, which is “highly pathogenic” in poultry – causing entire flocks to die rapidly. This strain of flu shows the potential to cause a pandemic influenza in humans.

Avian flu H5N1 was first found to infect humans during poultry outbreaks in Hong Kong in 1997. A total of 18 humans were infected and six died. A mass culling of all poultry in Hong Kong may have prevented a pandemic at that time.

In December 2003, A/H5N1 re-emerged, causing outbreaks in commercial poultry farms in South Korea. Since then, the virus has been detected in over 60 countries in birds, poultry and some mammals. It has resulted in culling of millions of poultry flocks. It has caused human infection in at least 15 countries. Over 500 human cases have been confirmed, approximately 60% of which were fatal. Limited instances of transmission from one person to another have been documented.

On March 31, 2013, authorities in China announced that three people had been infected with a new flu virus: A(H7N9). Analysis showed this is a “novel reassortant” between other flu viruses. The new virus is related to a virus which has been found in birds and had never before been seen in humans.

Many people infected when the virus was first identified became severely ill with respiratory (breathing-related) problems and fatality rates approached 30%. A few mild cases were also identified.

The pandemic potential of this new virus is uncertain. The new H7N9 virus is of particular concern because it can cause asymptomatic infections in birds - that is, the bird can be infected but show no signs of illness or only become mildly ill. This makes it difficult to detect outbreaks among poultry.

Currently, neither virus has developed the capability to spread easily between humans. Whether they ever will is uncertain. It remains a serious public health threat that experts are monitoring.

Influenza A/H5N1 and A/H7N9 have fulfilled the first two criteria for a pandemic virus. Humans have little immunity to it, and it can infect people and cause illness/death. While the virus is not yet easily transmitted from one person to another, it has been spread between people. If this virus gains the ability to spread easily from human to human, a pandemic situation is likely to eventuate.

What may happen during an influenza pandemic?

Each area of the world is expected to be hit by up to three separate episodes of widespread infection, which are called “pandemic waves”. Each wave could span eight to twelve weeks. During these periods, it is possible that:

- Normal governance may be strained.
- Medical facilities will be overwhelmed, especially in developing countries.
- Normal services (water, food, sanitation) may falter.
- Businesses and factories may close.
- International travel may be severely restricted.

The “virulence” of flu viruses differs for unknown reasons – some viruses can cause higher rates of death and severe disease. Severity can be measured by the impact in several areas other than death rates. In the early days of a pandemic, severity may not be able to be determined.

How a pandemic may affect businesses

The pandemic may last between 12 and 18 months, with several pandemic waves. The severity of a pandemic virus will in part determine the affect on businesses.

30% of any company’s employees may be affected during a pandemic. However, at any given time:

- 5% of staff may be infected.
- 5% to 15% of staff will be away from work (caring for affected relatives or children during school closures).
- All sites are expected to be affected eventually, although they may be affected at different times.
- Routine supply and delivery chains may be disrupted to some degree.
- Personnel and/or their family members may die.

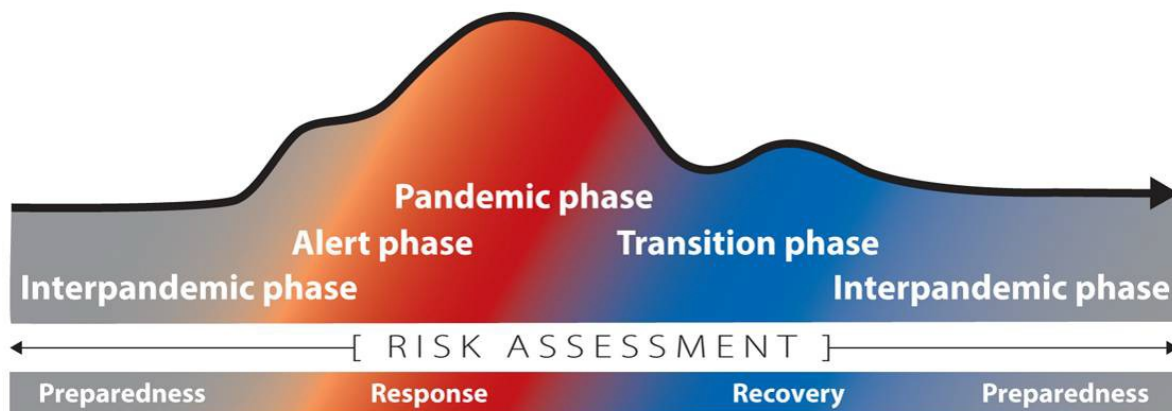
For an organization, the impacts may include:

- Reduced availability of front office and back office staff to serve customers.
- Absence of mission-critical staff, including senior managers, IT personnel and security personnel.
- Permanent loss of staff who die.

These impacts would significantly impact day-to-day operations as well as the organization's ability to recover to full operations once the risk has passed. These impacts highlight the importance of business continuity planning.

The World Health Organization (WHO) has developed the concept of "phases" of a pandemic. The phases refer to the behavior and risks of new influenza virus identified and the illness they cause. The phases are a "continuum." WHO is expected to announce changes in phase once evidence indicates with certainty that there has been a change in the nature of the pandemic virus. Thus, these announcements are expected to be conservative.

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Source: Pandemic Influenza Risk Management, WHO Interim Guidance, World Health Organization. Retrieved from http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/index.html.

Pandemic phases (Revised by the World Health Organization in June 2013)¹

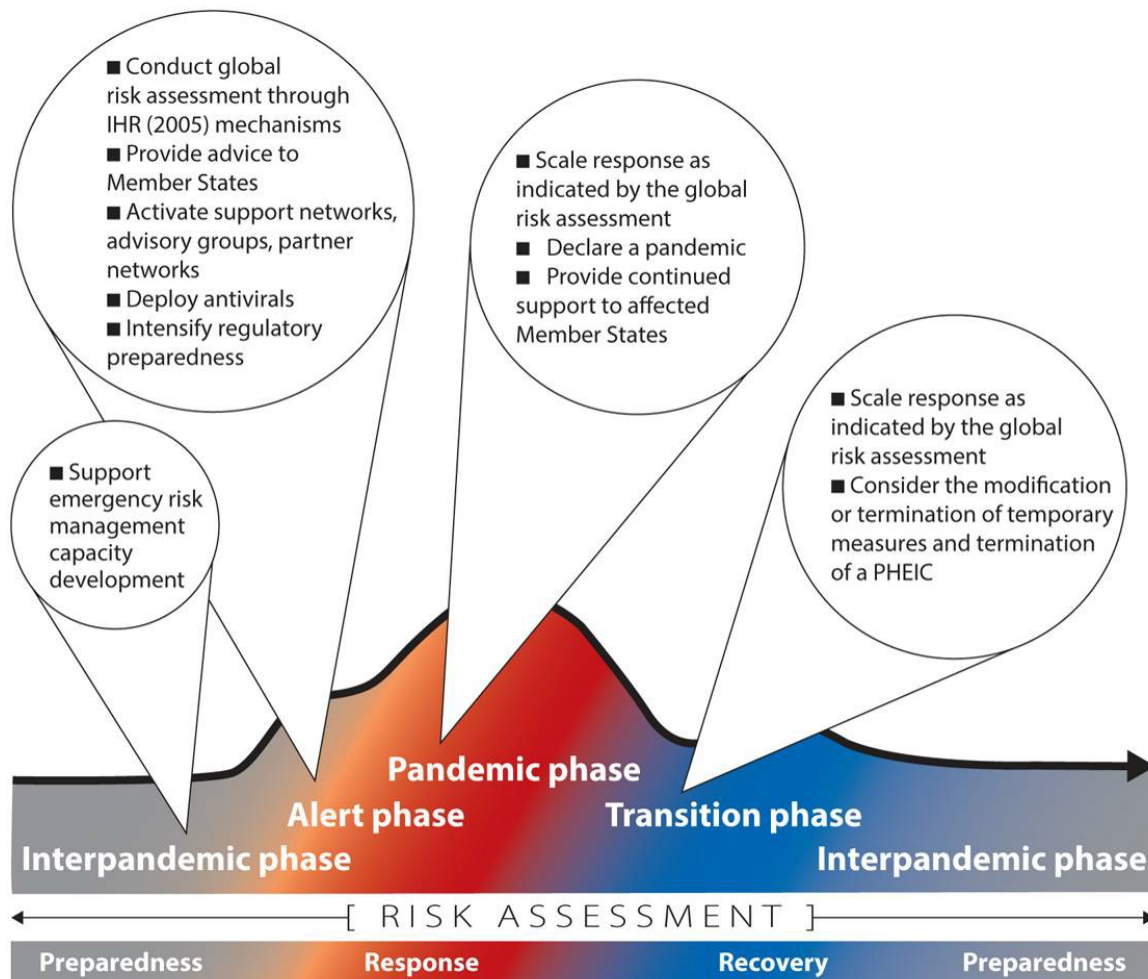
WHO Phase	Details
Interpandemic phase	This is the period between influenza pandemics.
Alert phase	This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur.
Pandemic phase	This is the period of global spread of human influenza caused by a new subtype. Movement between the interpandemic, alert and pandemic phases may occur quickly or gradually as indicated by the global risk assessment, principally based on virological, epidemiological and clinical data.
Transition phase	As the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

¹ Pandemic Influenza Risk Management WHO Interim Guidance, World Health Organization 2013. Retrieved from http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/index.html.

Pandemic phases as “triggers” for company response

Pandemic plans should base “triggers” for action on appropriate risk assessments. These triggers should take into account WHO phases and local phase or alert levels, as well as impacts at the local level.

Figure 2. The continuum of pandemic phases with indicative WHO actions



Source: Pandemic Influenza Risk Management, WHO Interim Guidance, World Health Organization. Retrieved from http://www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/index.html.

Ideally, the severity of a pandemic virus and its impact, will in part guide whether disruptive and costly interventions should be implemented. Within each pandemic phase, the appropriate local corporate response will depend on whether the local area (e.g. country or province) is affected. It will also depend on whether outbreaks of virus are escalating in frequency, whether humans are involved and whether the region is seen to be more at risk than other regions experiencing outbreaks. For example, outbreaks of avian influenza among birds in Europe are considered to present a lower risk of causing human disease than are outbreaks in some Asian countries. This is because of different farming practices. The risk of a pandemic virus evolving is considered higher in areas where large numbers of birds live in close proximity to many other animal species and large numbers of humans.

Some elements of recommended positions are shown in the following table. The accompanying Pandemic Response Action Table gives a full list of actions required.

Pandemic phase	Affected country/province	Non-affected country/province
Alert phase (2a)	Risk is low. Company and employees should: • Adopt basic flu avoidance precautions. • Initiate pandemic planning, stockpiling, education and information campaigns.	Risk is very low. Company and employees should: • Adopt basic flu avoidance precautions. • Initiate pandemic planning, stockpiling, education and information campaigns.
Alert phase (2b)	Risk is moderate. Company and employees should: • Continue basic flu avoidance precautions. • Continue pandemic planning, stockpiling, education and information campaigns. • Prepare employees for potential phase escalation. • Consider distributing some PPE and some antiviral medication.	Risk is moderate. Company and employees should: • Continue basic flu avoidance precautions. • Continue pandemic planning, stockpiling, education and information campaigns.

Pandemic phase	Affected country/province	Non-affected country/province
Pandemic Phase (3a)	Risk is high. Company and employees should: • Implement pandemic influenza prevention and mitigation plans. • Prepare employees for pandemic. • Distribute PPE and antiviral medication.	Risk is moderate. Company and employees should: • Continue basic flu avoidance precautions. • Continue pandemic planning, stockpiling, education and information campaigns. • Prepare employees for pandemic. • Consider distributing PPE and antiviral medication.
Pandemic Phase (3b)	Risk is high. Company and employees should: • Implement pandemic influenza prevention and mitigation plans. • Some actions may be scaled back as large case numbers may make them impractical.	Risk is high. Company and employees should: • Implement pandemic influenza prevention and mitigation plans. • Some actions may be scaled back as large case numbers may make them impractical.

Hines Pandemic Preparedness Team

Hines Pandemic Preparedness Plan was originally designed by a team of employees representing both the Regions and Central Departments and a public health expert with International SOS. The plan was updated in 2019 with the assistance of International SOS.

Hines Pandemic Managers

Each office or department will have a Pandemic Manager responsible for preparing for business continuity, taking appropriate action based on the WHO identified Pandemic phase and communicate appropriately with internal and external individuals.

Hines has provided specific Action Tables with detailed Information Sheets to explain the action required through each phase. The Action Tables and Information Sheets will be maintained on myHines.com and will be updated as necessary.

Manager Responsibilities

Pandemic Manager Responsibilities- Property/Facility

The Pandemic Manager

The role of the pandemic manager is to coordinate the implementation of the company Influenza Pandemic Plan at a designated property or facility.

Prepare Now

1. Become familiar w/WHO Pandemic Phases, how influenza virus is transmitted and how to mitigate the risk of spreading the virus.
Source – Overview of Pandemic Influenza (see Section I. Introduction)
2. Become familiar with scenarios and related risk impact leading up to and during a pandemic outbreak.
Source – Scenario Selector (see Section V. Information Sheet 2.7 - Scenario Selector Assistant)
3. Personal protective equipment (PPE: masks, gloves, gowns and eye protection).
Source – PPE (see Section IV. Action Table & Section V. Information Sheet 2.6 – PPE Purchasing Matrix, & Information Sheet 7.1 - Reducing the Spread of the Virus)
4. Personal hygiene supplies for Hines staff.
Source – Personal Hygiene (see Section IV. Action Table, Section V. Information Sheet 2.6 – PPE Purchasing Matrix, & Information Sheet 7.1 – Reducing the Spread of the Virus)
5. Determine critical building functions in case of high absenteeism.
Source – Tracking Employee Status & Reporting (see Section IV. Action Table)
6. Cross train, document processes, establish “work from home” plan if necessary, to cover critical functions.
Source – IT Pandemic Planning White Paper (see Section VI)
7. Meet with service vendors (cleaning, security, parking, etc.) to identify and discuss roles for support in pandemic preparedness.
Source – Building Cleaning (see Section IV. & Section V. Information Sheet numbers 1.2 and 1.3)

8. Identify individuals in positions that require a high degree of public contact who may require use of PPE to perform their function.
Source – Action Table/Public Contact Positions (see Section IV and Section V. Information Sheet 3.1)
9. Determine plan for responding to someone within Hines space or within the common area of the building who appears to be ill.
Source – Action Table (see Section IV. & Section V. Information Sheet 4.1 – Overview of Incident Management)
10. Identify space for isolation room.
Source – Action Table (See Section IV. & Section V. Information Sheet 5.1 - Isolation Room Preparation)
11. Determine plan for active door screening if mandated by authorities.
Source – Action Table (see Section IV. & Section V. Information Sheet 6.1 Active Screening Procedures)
12. Identify and train a backup Pandemic Manager.

Act

1. Monitor the following sites
 - a) www.who.int/en/
 - b) <https://pandemic.internationalsos.com/>
 - c) <https://www.cdc.gov/flu/pandemic-resources/index.htm>
2. Monitor local country/county pandemic website.
3. Use the Pandemic Flu Plan Scenario Selector to best fit your present situation.
4. Track employee status regarding pandemic on provided spreadsheet.
5. Train those with high public contact in the use and disposal of PPE as necessary, and those acting as responders and door screeners as necessary.
6. Distribute personal hygiene supplies to Hines staff.
7. Display posters on personal hygiene for Hines staff.

8. Change operations as needed to provide critical functions.
9. Increase cleaning as required by change in pandemic scenarios and/or phase.

Communicate (phase driven)

1. To Tenants
 - a. Initial letter regarding pandemic plan
 - b. Suggested Hygiene practices to implement within their lease space
 - c. Cleaning focus and change in operations that will become noticeable to tenants
 - d. Notice of operating hours if applicable
 - e. Location of isolation room and passive door screening if appropriate
 - f. Active door screening only if mandated by local health authorities
2. To Employees
 - a. Initial letter (Jeff)
 - b. Importance of hygiene, hand washing, flu shot (HR)
 - c. Distribution of hand sanitizers and alcohol wipes (PM)
 - d. Use of PPE (PM)
 - e. Decrease in face-to-face contact (PM)
 - f. Change in duties, hours, location (Dept. Mgr.)
 - g. Hines guidelines for Pandemic related absenteeism (HR)
 - h. Hines guidelines for employees returning from an affected country (HR)
3. To Region and Pandemic Preparedness Team
 - a. Questions and/or unusual requests from clients
 - b. Questions and/or unusual requests from employees
 - c. Status of employees regarding Pandemic (when requested)

Pandemic Manager/Department Manager Responsibilities

The Pandemic Manager

The role of the pandemic manager is to coordinate the implementation of the company Influenza Pandemic Plan in a designated department.

Prepare Now

1. Become familiar w/WHO Pandemic Phases and how influenza virus is transmitted, and how to mitigate risk of spreading virus.
Source – Overview of Pandemic Influenza (see Section I. Introduction)
2. Secure personal hygiene supplies for Hines staff.
Source – PPE (see Section IV. Action Table & Section V. Information Sheet 2.6 – PPE Purchasing Matrix, & Information Sheet 7.1 - Reducing the Spread of the Virus)
3. Determine critical department functions in case of high absenteeism.
Source – Tracking Employee Status & Reporting (see Section IV. Action Table)
4. Identify individuals in positions that require a high degree of public contact who may require use of PPE to perform their function.
Source – Action Table/Public Contact Positions
5. Cross train, document processes, establish “work from home” plan if necessary, to cover critical functions.
Source – IT Pandemic Planning White Paper (see Section VI.)
6. Identify and train a backup Pandemic Manager.

Act

1. Monitor the following sites
 - a. www.who.int/en/
 - b. <https://pandemic.internationalsos.com/>
 - c. <https://www.cdc.gov/flu/pandemic-resources/index.htm>
2. Track employee status regarding pandemic on provided spreadsheet.
Source – Tracking Employee Status & Reporting (see Section IV. Action Table)
3. Train employees with high public contact in the use and disposal of PPE.
4. Distribute personal hygiene supplies to Hines staff.
5. Change operations as needed to provide critical functions.

Communicate (phase driven)

1. To Employees
 - a. Initial letter (Jeff)
 - b. Importance of hygiene, hand washing, flu shot (HR)
 - c. Distribution of hand sanitizers and alcohol wipes (PM)
 - d. Use of PPE (PM)
 - e. Decrease in face-to-face contact (PM)
 - f. Change in duties, hours, location (Dept. Mgr.)
 - g. Hines guidelines for Pandemic related absenteeism (HR)
 - h. Hines guidelines for employees returning from an affected country (HR)
2. To Region and Pandemic Preparedness Team
 - a. Questions and/or unusual requests from clients
 - b. Questions and/or unusual requests from employees
 - c. Status of employees regarding Pandemic (when requested)

Pandemic Preparedness

Action Table

<u>Topic</u>	<u>Page</u>
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Tracking Employee Status and Reporting (follows)	

Building Cleaning	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Review pandemic flu plan.	Review pandemic flu plan.
Alert Phase	Familiarize yourself with: - IS 1.1 Cleaning Hines Space - IS 1.2 Cleaning Premises - Directions for Cleaning Staff Engage cleaning contractor representative in Pandemic Cleaning Plan Preparedness Activities and communicate Pandemic Phase cleaning requirements to cleaning contractors.	<u>Non-Affected COMMUNITY:</u> Utilize Pandemic Flu Scenario Selector and the Action Table evaluate scenarios and actions. Refer to: - IS 2.7 Pandemic Flu Scenario Selector Perform routine cleaning but promote extra awareness of cleanliness. Familiarize yourself with: - IS 1.1 Cleaning Hines Space - IS 1.2 Cleaning Premises - Directions for Cleaning Staff - IS 1.3 Hines Pandemic Phase Cleaning Specifications Engage cleaning contractor representative in Pandemic Cleaning Plan Preparedness Activities and communicate Pandemic Phase cleaning requirements to cleaning contractors. Secure and stockpile cleaning supplies through the cleaning contractor and secure in Hines space. Refer to: - IS 1.3 Hines Pandemic Phase Cleaning Specifications

Building Cleaning	Non-Affected Country	Affected Country
Alert Phase	Perform routine cleaning but promote extra awareness of cleanliness. Ensure cleaning staff are aware of procedure for areas occupied by a person with suspected infection.	<u>Affected COMMUNITY:</u> Utilize Pandemic Flu Scenario Selector and the Action Table to evaluate risk and actions. Refer to: IS 2.7 Pandemic Flu Scenario Selector Consider increasing cleaning to Pandemic Phase specification. Coordinate decision with Regional VP Ops. With VP Ops approval, return to routine cleaning once no new cases have been reported.
Pandemic Phase	Utilize Pandemic Flu Scenario Selector and the Action Plan to evaluate risk and actions. Refer to: - IS 2.7 Pandemic Flu Scenario Selector Cleaning activity should increase to Hines Pandemic Phase specifications. Conform with local and regional health authority requirements. <u>Zero to Few Cases in Community:</u> Secure and stockpile cleaning supplies through the cleaning contractor and secure in Hines space. Refer to: - IS 1.3 Hines Pandemic Phase Cleaning Specifications	

PPE Masks	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 2.0 Employee Roles Requiring PPE	
Alert Phase	Prepare to stockpile masks. Refer to: IS 2.6 PPE Purchase Matrix	<u>Non-Affected COMMUNITY:</u> Stockpile masks. Refer to: IS 2.6 PPE Purchase Matrix Masks will be used by Hines employees assisting a possible influenza case in Alert Phase Affected Areas or Pandemic Phase All Areas. Masks will be available for Hines employees who will come into contact with the public either at work or in transit to and from work in Alert Phase Affected Areas or Pandemic Phase All Areas.

PPE Masks	Non-Affected Country	Affected Country
Alert Phase	Stockpile masks guideline. Refer to: - IS 2.6 PPE Purchase Matrix Masks will be used by Hines employees assisting a possible case of influenza in Alert Affected Areas or Pandemic Phase All Areas. Masks will be available for Hines employees who will come into contact with the public either at work or in transit to and from work in Alert Phase Affected Areas or Pandemic Phase All Areas Develop a plan to distribute masks at the appropriate time. Familiarize yourself with: - IS 2.1 Masks - IS 2.2 Poster: Using Masks Nothing new	<u>Affected COMMUNITY:</u> Review stockpile; replenish if necessary. Distribute masks and IS 2.1 Masks according to plan and educate employees on proper use of a mask: Display: IS 2.2 Poster: Using Masks
Pandemic Phase	<u>Zero to Few Cases in Community:</u> Distribute masks and IS 2.1 Masks according to plan and educate employees on proper use of a mask. Display: IS 2.2 Poster: Using Masks	All employees should consider wearing a mask when moving within 1 meter / 3 feet of any person.

PPE Gloves	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 2.0 Employee Roles Requiring PPE	
Alert Phase	Prepare to stockpile gloves. Refer to: IS 2.6 PPE Purchase Matrix	<u>Non-Affected COMMUNITY:</u> Stockpile gloves. Refer to: - IS 2.6 PPE Purchase Matrix Gloves are only necessary for people assisting a possible influenza case in Alert Phase Affected Areas, or who will be touching potentially contaminated objects (i.e., mail, money) in Alert Phase Affected Areas and Pandemic Phase All Areas. Familiarize yourself with: - IS 2.3 Gloves - IS 2.4 Poster: Wearing Gloves

PPE Gloves	Non-Affected Country	Affected Country
Alert Phase	Gloves are only necessary for people assisting a possible influenza case in Affected Areas, or who will be touching potentially contaminated objects (i.e., mail, money) in Alert Phase Affected Areas and Pandemic Phase All Areas. Familiarize yourself with: - IS 2.3 Gloves - IS 2.4 Poster: Wearing Gloves	<u>Affected COMMUNITY:</u> Distribute gloves and IS 2.3 Gloves to employees who need them and educate employees on proper use of gloves: Display: IS 2.4 Poster: Wearing Gloves
Pandemic Phase	Distribute gloves and IS 2.3 Gloves to employees who need them and educate employees on proper use of gloves: Display: IS 2.4 Poster: Wearing Gloves	Nothing new

PPE Gowns & Eye Protection	Non-Affected Country / Area	Affected Country / Area
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 2.0 Employee Roles Requiring PPE	

PPE Gowns & Eye Protection	Non-Affected Country / Area	Affected Country / Area
Alert Phase	Prepare to stockpile gowns and eye protection only for possible responders. Refer to: IS 2.6 PPE Purchase Matrix Gowns and eye protection are only necessary for people assisting a possible influenza case in Alert Phase Affected Areas or Pandemic Phase All Areas.	<u>Non-Affected COMMUNITY:</u> Stockpile gowns and eye protection only for possible responders. Refer to: IS 2.6 PPE Purchase Matrix Gowns and eye protection are only necessary for people assisting a possible influenza case in Alert Phase Affected Areas or Pandemic Phase All Areas.
Alert Phase	Stockpile gowns and eye protection only for possible responders. Refer to: IS 2.6 PPE Purchase Matrix	<u>Affected COMMUNITY:</u> Distribute gowns and eye protection to responders to a possible influenza case.
Pandemic Phase	Distribute gowns and eye protection to responders to a possible influenza case.	Nothing new

Public Contact Positions	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 2.0 Employee Roles Requiring PPE	
Alert Phase	Review risk-reduction procedures for employees with public contact. Familiarize yourself with: IS 3.1 Influenza Risk Reduction for Staff with Public Contact	Implement risk-reduction procedures for employees with public contact. Distribute appropriate PPE. Familiarize yourself with: IS 3.1 Influenza Risk Reduction for Staff with Public Contact
Pandemic Phase	Implement risk reduction procedures for employees with public contact. Distribute appropriate PPE.	

PPE Disposal	Non-Affected Country / Area	Affected Country / Area
Alert Phase	Familiarize yourself with: IS 2.5 PPE Disposal	Familiarize yourself with and distribute to employees who are using PPE in response to possible influenza case: IS 2.5 PPE Disposal
Pandemic Phase	Nothing new	Nothing new

Managing Infected Employees and Visitors	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: - IS 2.0 Employee Roles Requiring PPE - IS 4.1 Management of a Possible Case of Pandemic Influenza Develop local Hines management process.	
Alert Phase	Nothing new	Implement local management process distributing PPE as needed. Distribute to managers: IS 4.1 Management of a Possible Case of Pandemic Influenza
Pandemic Phase	Implement local management process distributing PPE as needed. Distribute to managers: IS 4.1 Management of a Possible Case of Pandemic Influenza	Nothing new

Isolation Room	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 5.1 Isolation Rooms Consider what space will potentially serve as an isolation room.	Familiarize yourself with: IS 5.1 Isolation Rooms Consider what space will potentially serve as an isolation room. Conform with local health authority requirements.
Alert Phase	Nothing new	Identify and equip isolation room.
Pandemic Phase	Identify and equip isolation room.	Nothing new

Door Screening	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: - IS 2.0 Employee Roles Requiring PPE - IS 6.1 Active Door Screening (for Use Only If Required by Local Health Authorities) - IS 6.2 Poster: Screening Alert - IS 6.3 Self Screening Questionnaire Develop property specific plan for door screening should this become a legal requirement. Monitor local health authority requirements.	
Alert Phase	Stockpile necessary equipment (PPE). IS 2.6 PPE Purchase Matrix for PPE & Personal Hygiene Items	

Door Screening	Non-Affected Country	Affected Country
Pandemic Phase	Display appropriate Posters in affected country, city or area. Comply with local health authority requirements	

Hand Washing, Cough Etiquette, Social Distancing	Non-Affected Country	Affected Country
Interpandemic Phase <i>(No pandemic flu threat or outbreak)</i>	Familiarize yourself with: IS 7.1 Reducing the Spread of the Virus – Hand Washing, Cough Etiquette, Social Distancing	
Alert Phase	Prepare to stockpile hand sanitizer and cleaning wipes. Refer to: IS 2.6 PPE Purchase Matrix	<u>Non-Affected COMMUNITY:</u> Stockpile hand sanitizer and cleaning wipes. Refer to: - IS 2.6 PPE Purchase Matrix Emphasize benefits of frequent handwashing, cough etiquette, social distancing. Display: - IS 7.2 Poster: Washing Your Hands - IS 7.3 Poster: Don't Spread Sickness

Hand Washing, Cough Etiquette, Social Distancing	Non-Affected Country	Affected Country
Alert Phase	Emphasize benefits of frequent handwashing, cough etiquette, social distancing. Display: • IS 7.2 Poster: Wash Your Hands • IS 7.3 Poster: Don't Spread Sickness	<u>Affected COMMUNITY:</u> Distribute 1 bottle of hand sanitizer and a box of cleaning wipes for cleaning computer, phone, etc., to each employee for use at work.
Pandemic Phase	Distribute 1 bottle of hand sanitizer and a box of cleaning wipes for cleaning computer, phone, etc., to each employee for use at work.	Nothing new



Sample Employee Influenza Status Tracking Sheet

Property / Facility Location:	
Department:	

Hines



Employee name	Contact details	Job Title	Working Status	Influenza Status	Risk of severe complications from illness	Start date of absence	Expected return date	Employee last contacted on
		Job Title C	Working from home	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title C	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title C	Working from office	Not infected	Medium risk – employee 65+ yrs OR with 1 chronic health condition	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title A	Working from home	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title C	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Medium risk – employee 65+ yrs OR with 1 chronic health condition	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Absent	Sick and at home	High risk – employee with 2+ chronic health conditions	20-Feb-07	20-Feb-07	20-Feb-07
		Job Title B	Working from home	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Sick and hospitalized	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Re-assigned to another dept	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Re-assigned to another dept	Caring for a family member	High risk – employee with 2+ chronic health conditions	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Absent	Not infected	High risk – employee with 2+ chronic health conditions	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title C	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title E	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title B	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title A	Absent	Experiencing grief / psychological trauma	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07
		Job Title D	Working from office	Not infected	Low risk – healthy employee <65 yrs	19-Feb-07	19-Feb-07	19-Feb-07

Job Title - Key*

Job Title A
Job Title B
Job Title C
Job Title D
Job Title E

* Insert job titles relevant to the department

Working status - Key

Working from office
Working from home
Re-assigned to another dept
Absent

Influenza Status - Key

Not infected
Sick and at home
Sick and hospitalized
Dead
Recovered
Caring for a family member
Quarantined, Not yet sick, but have been exposed
Experiencing grief / psychological trauma

Risk of severe complications from illness - Key**

Low risk – healthy employee <65 yrs
Medium risk – employee 65+ yrs OR with 1 chronic health condition
High risk – employee with 2+ chronic health conditions

***The details as to which groups of people are at higher risk will not be known until the pandemic is underway. Public health authorities should make this information available. It may be that the profile is similar to seasonal flu, or it may be different.

[Click here for an editable version.](#)

Pandemic Preparedness Information Sheets (“IS”)

No. Title

- 1.1 Cleaning Hines Space
- 1.2 Cleaning Premises – Directions for Cleaning Staff
- 1.3 Cleaning Frequency Specifications – Pandemic Phase
- 2.0 Employee Roles Requiring PPE
- 2.1 Masks
- 2.2 Poster – Using Masks
- 2.3 Gloves
- 2.4 Poster – Wearing Gloves
- 2.5 PPE Disposal
- 2.6 PPE Purchasing Matrix
- 2.7 Presentation - Scenario Selector
- 3.1 Influenza Risk Reduction for Staff with Public Contact
- 4.1 Overview of Incident Management
- 5.1 Isolation Room Preparation
- 5.2 Case Management Flowchart
- 5.3 Presentation – Setting Up and Isolation Room
- 5.4 Presentation – Personal Protective Equipment
- 6.1 Active Screening Procedures
- 6.2 Poster – Screening Alert
- 6.3 Procedure – Self Screening Questionnaire
- 6.4 Active POE Screening Flowchart
- 7.1 Reducing the Spread of the Virus – Hand Washing, Cough Etiquette, Social Distancing
- 7.2 Poster – Washing Your Hands
- 7.3 Poster – Don’t Spread Sickness

Cleaning Hines Space

Why should my company pay extra attention to cleaning procedures?

Influenza is mostly spread by infected droplets that are generated from coughing or sneezing. These droplets contain virus, which if they contact your eyes, nose or mouth, can then infect you. Good cleaning procedures can reduce the risk of spreading the virus in the workplace.

The virus can live for as long as 2 days on hard surfaces, making it possible for it to be transferred via a contaminated shared object. Obvious examples of shared objects include telephones, faucets, toilet flush buttons, kitchen utensils, doorknobs, computer equipment (keyboard and mouse), car door handles, etc. Your facility may have specific surfaces or equipment that are used by more than one person (tools, shared reference materials, kitchen equipment, conference room appointments, etc.).

Proper personal hygiene measures are important in preventing transmission of the flu virus. Maintaining a clean work environment contributes as well. The methods of cleaning and disinfection recommended below will probably remain consistent through all pandemic phases. However, as a pandemic develops, the recommended frequency of cleaning and disinfection is likely to dramatically increase.

What can kill the influenza virus?

Fortunately, cleaning during a pandemic will probably not require any specific product or tool. Influenza viruses are destroyed by most detergents and disinfectants.

Cleaning solutions must:

- 1) be EPA registered**
- 2) list influenza as one of the germs it can kill on SDS**

Heating to 56°C (133°F) for 3 hours, to 60°C (140°F) for 30 minutes or to 121°C (250°F) for 15 minutes also inactivates influenza viruses.

What can employees do to reduce the risk of spreading the virus?

Rooms should be well ventilated. If possible, keep windows open. Air out rooms between uses. If air-conditioning is used, make sure it is properly cleaned and maintained on a regular basis.

Wherever feasible, consider single-use equipment and limiting equipment sharing. Common rooms should be freed of shared objects, such as magazines and newspapers, as much as possible.

Employees should also be encouraged to practice good personal hygiene in the workplace.

The following items should be wiped at least daily, in between use by different persons, or as soon as they may become contaminated:

- Phones, computer screens, keyboards and mice
- Desks and counters
- Arm rests, chairs, light switches and temperature control panels (thermostat, air conditioner knobs)

Common areas like the kitchen and bathroom should be kept clean. Employees should avoid sharing food or leaving dirty dishes in common areas since they may be contaminated. Employees should also be reminded to observe the same practices at home and in their cars.

What if an employee becomes ill at work during a pandemic?

If an employee is suspected to be infected with pandemic influenza, management should prevent others from entering the person's work area as much as possible, until after it has been cleaned. Arrange to have properly trained cleaning staff come in immediately to disinfect the area. Open the windows and air the room. Also, clean common areas the employee may have visited

Cleaning Premises – Directions for Cleaning Staff

What does your cleaning staff need to know?

The influenza virus can survive on hard, non-porous surfaces for 24-48 hours; on cloth, paper and tissue for 8-12 hours; and on hands for 5 minutes. Thus, many objects can potentially spread the flu virus. If a healthy person touches a contaminated object, they can transfer the virus to their mouth/nose/eyes.

Some examples of shared items which can become contaminated include telephones, faucets, toilet flush buttons, kitchen equipment, doorknobs, computer equipment (keyboard and mouse), photocopier controls, tools, electronic keypads for entry, light switches temperature controls, etc.

What can kill the influenza virus?

Fortunately, cleaning during a pandemic will probably not require any specific product or tool. Influenza viruses are destroyed by most detergents and disinfectants.

Cleaning solutions must:

- 1) **be EPA registered**
- 2) **list influenza as one of the germs it can kill on SDS**

Heating to 56°C (133°F) for 3 hours, to 60°C (140°F) for 30 minutes or to 121°C (250°F) for 15 minutes also inactivates influenza viruses.

Will the cleaning specs change?

Refer to Information Sheet 1.3 Hines Pandemic Phase Cleaning Specifications.

What cleaning procedures are recommended?

- Clean and dry all cleaning/disinfecting tools between uses, including mop heads.
- Damp dusting is preferred over dry dusting or sweeping, which can generate dust particles.
- When wet cleaning, clean less heavily contaminated areas first. Change cleaning solutions and tools frequently.
- Wet mopping with a double-bucket technique (i.e., one bucket to clean and one to rinse) is preferable. When a single bucket is used, the cleaning solution must be changed more frequently.

- Disinfect buckets with fresh disinfectant solution or rinse in hot water before filling.
- Discard dirty water.
- Rinse wiping cloths/mop heads in disinfectant solutions.

What if a suspected case is reported?

When cleaning areas in which the suspected person spent time, staff should:

- Wear disposable gloves. Remove and discard if they become soiled or damaged and use a new pair. Gloves should also be removed and discarded after cleaning activities.
- Wash hands with soap and water immediately after removing gloves and when cleaning is completed.

Instructions for cleaning areas in which the suspected person spent time:

- DO NOT use cleaning methods that might re-aerolize infectious material, such as the use of compressed air.
- Minimize the amount of cleaning equipment used.
- If possible, open windows for increased ventilation.
- Spray the room with disinfectant.
- Mop floor (if applicable) with cleaning/disinfecting solution.
- Wipe all frequently touched areas (arm rests, keyboards, mouse, switches, etc.) with cleaning/disinfecting solution.
- Wipe all metal objects with disinfecting solution.
- Wipe down blinds and walls (up to 3 meters) with disinfectant.
- Discard dirty water and disinfect cleaning equipment before using in another room.
- Disinfect buckets with fresh disinfectant solution.
- Frequently touched surfaces (arm rests, seatbacks, tables, chairs, doorknobs, light and air controls, and adjacent walls and windows) and lavatory surfaces should be wiped down with cleaning/disinfectants and allowed to air dry.
- Rinse wiping cloths / mop heads in disinfectant several times or rinse thoroughly in hot water.

	No change in specification.
	INCREASE in cleaning frequency.

	DECREASE in cleaning frequency.
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	CLEANING FREQUENCY	DAILY	WEEKLY	MONTHLY	QTRLY.	ANNUAL
TENANT OFFICE AREAS						
	Empty, clean, and damp dust all waste receptacles and remove wastepaper and rubbish from the premises.	X				
	Remove recycled materials from the premises.	X				
	Vacuum all high traffic carpeted areas.		Tri-weekly	DECREASE from daily		
	Vacuum all rugs and carpeted areas in office and low traffic areas.		X			
	Hand dust and wipe clean with damp or treated cloth all office furniture, files, fixtures, windowsills, and all other horizontal surfaces.		X			
	Hand dust vertical paneled surfaces, wash windowsills when necessary.		REMOVE	DECREASE from tri-weekly		
	Spot clean, including removing finger marks, dirt, stains, graffiti, and smudges from vertical surfaces, including doors, door frames, glass, around light switches, private entrance glass, painted walls, and partitions.		WEEKLY	DECREASE from daily		
	Wash with approved product* doorknobs, door handles, front of doors, phones, light switches, furniture tops.	DAILY	INCREASE - added spec to include door knobs, handles, phones			
CONFERENCE ROOMS, COMMON AREAS, KITCHENETTES						
	Empty, clean, and damp dust all waste receptacles and remove wastepaper and rubbish from the premises.	X				
	Remove recycled materials from the premises.	X				
	Vacuum all rugs and carpeted areas.		Tri-weekly	DECREASE from daily		
	Damp mop spillage in non-carpeted office and public areas.	X				
	Hand dust and wipe clean with damp or treated cloth all office furniture, files, fixtures, windowsills and all other horizontal surfaces.		WEEKLY	DECREASE from daily		
	Damp dust all telephones, desks and other furniture tops.	X				
	Wash with approved product* telephones, desk and furniture tops, doorknobs, door handles, light switches.	DAILY	INCREASE - added spec to include wash with approved product* door knobs, handles, phones, furniture tops, & light switches			
	Hand dust vertical paneled surfaces; wash windowsills when necessary.		REMOVE	DECREASE from tri-weekly		
	In kitchenettes, clean and wash with approved product* all countertops and backsplashes.	3 X's per day	INCREASE - from daily			
	Damp wipe all glass furniture tops.	X				
	Spot clean, including removing finger marks, dirt, stains, graffiti, and smudges from vertical surfaces, including doors, door frames, glass, around light switches, private entrance glass, painted walls, elevator doors, and partitions.		WEEKLY	DECREASE from daily		
	Sweep and/or mop all private stairways, vacuum if carpeted.		WEEKLY	DECREASE from daily		

*The approved product must meet two requirements:

- (1) Must be registered with the EPA
- (2) Must list influenza as a germ it can kill.

*This specification represents an approximate \$.06 per square foot annually.

	No change in specification.
	INCREASE in cleaning frequency.

	DECREASE in cleaning frequency.
--	---------------------------------

	CLEANING FREQUENCY	DAILY	WEEKLY	MONTHLY	QTRLY.	ANNUAL
	Police all stairwells throughout the project and keep in clean condition.		WEEKLY	DECREASE from daily		
	Refill all paper towel dispensers in common areas and kitchenettes.	X				
	Wash with approved product* all water fountains.	3 X's per day	INCREASE - from daily			
	Clean all freight elevator vestibules.		X			
	Dust all fire extinguisher cases.		REMOVE	DECREASE from monthly		
WASHROOMS (Including private washrooms)						
	Wet mop with approved product*,rinse and dry floors.	X				
	Scrub floors, baseboards and walls.	As needed				
	Clean all mirrors, dispensers, bright work, and enameled surfaces.	X				
	Wash with approved product* countertops and sinks.	3 X's per day	INCREASE - from daily			
	Wash with approved product* all basins, urinals, bowls, and clean undersides of rim of urinals and bowls using nonabrasive cleaners.	3 X's per day	INCREASE - from daily			
	Wash with approved product* both sides of all toilet seats.	3 X's per day	INCREASE - from daily			
	Damp wipe and wash with approved product* partitions, tile walls, and outside surface of dispensers and receptacles.	X				
	Empty and wash with approved product* receptacles and sanitary disposals.	X				
	Clean and wash with approved product* receptacles and sanitary disposals.		X			
	Fill toilet tissue, facial tissue, soap, paper towel, and sanitary napkin dispensers.	X				
	Clean bright work.	3 X's per day	INCREASE - from daily			
	Wash and polish walls, partitions, tile walls, and enamel surfaces from trim to floor.			X		
	Vacuum all louvers, ventilating grilles, and dust light fixtures.			MONTHLY	DECREASE from daily	
BUILDING LOBBY						
	Clean glass doors and adjacent glass panels.	X				
	Clean top of revolving doors.		WEEKLY	DECREASE from daily		
	Clean glass doors.	5 X's per day	INCREASE - from daily			
	Wash all handrails and directory boards.	3 X's per day	INCREASE - from daily			

*The approved product must meet two requirements:

- (1) Must be registered with the EPA
- (2) Must list influenza as a germ it can kill.

*This specification represents an approximate \$.06 per square foot annually.

	No change in specification.
	INCREASE in cleaning frequency.

	DECREASE in cleaning frequency.
--	---------------------------------

	CLEANING FREQUENCY	DAILY	WEEKLY	MONTHLY	QTRLY.	ANNUAL
	Dust or wash all building mullions, directional signs, and doorframes.		WEEKLY	DECREASE from daily		
	Clean the lobby console desk.	3 X's per day	INCREASE - from daily			
FLOORS						
	Sweep ceramic tiles, marble, and terrazzo floors and wash, scrub and buff as needed.	X				
	Sweep using dust down preparation for vinyl asbestos, asphalt, vinyl, rubber, or other composition floors and bases; such floors in public areas.	X				
	Wax and buff floors in public areas or on multi-tenant floors.				QTRLY.	Decrease from monthly
	Tile floors in all areas will be waxed and buffed.				QTRLY.	Decrease from monthly
	Rewax and remove old wax as necessary.					
	Carpeted areas and rugs to be vacuumed. Return chairs and waste containers to proper positions.			X		
	Spot clean carpeted floor.	X				
	NOTE: Carpet shampooing will be performed upon tenant's request as an additional service. Tenants may bid job subject to landlord's approval.					
GLASS - (Included under Janitorial Contract)						
	Spot clean adjacent glass panels.	X				
	Spot clean glass entrance doors.	5 X's per day	INCREASE - from daily			
	Spot clean office door and relight glass.	X				
	Spot clean office doors.	3 X's per day	INCREASE - from daily			
	NOTE: All additional window cleaning is covered under a separate window washing contract and is not included in these specs.					
ELEVATORS						
	Spot clean interior walls of elevator cabs.	X				
	Spot clean elevator cab and lobby carpets.		WEEKLY	DECREASE from daily		
	Clean stainless finishes of elevator cabs.		WEEKLY	DECREASE from daily		
	Wipe clean handrails and interior & exterior call buttons.	5 X's per day	INCREASE - from daily			
	Clean elevator thresholds.		WEEKLY	DECREASE from daily		

*The approved product must meet two requirements:

- (1) Must be registered with the EPA
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*This specification represents an approximate \$.06 per square foot annually.

	No change in specification.
	INCREASE in cleaning frequency.

	DECREASE in cleaning frequency.
--	---------------------------------

	CLEANING FREQUENCY	DAILY	WEEKLY	MONTHLY	QTRLY.	ANNUAL
ESCALATORS						
	Vacuum/machine clean escalator treads.		WEEKLY	DECREASE from daily		
	Damp wipe clean metal side panels.	X				
	Wash handrails.	5 X's per day	INCREASE - from daily			
	Re-polish metal side panels.				X	
CENTRAL PLANT						
	Machine scrub or seal the Central Plant floors.		REMOVE	DECREASE from monthly		
	Broom sweep as requested by property management.					
BUILDING EXTERIOR / LOADING DOCK						
	Sweep and discard exterior leaves/debris.	X				
	Empty ash urns and replace sand as needed.	X				
	Remove trash/rubbish and deposit into designated area.	X				
	Pressure wash loading dock and alleyway.				X	
	Pressure wash entrance #1		bi-weekly			
	Pressure wash entrance #2			X		
	Pressure wash remaining exterior sidewalks.				X	
HIGH DUSTING						
	Dust and wipe clean closet shelving when empty and carpet sweep and dry mop floors in closets if such are empty.		REMOVE	DECREASE from quarterly		
	Dust clean all vertical surfaces such as walls, partitions, doors, door bucks, and other surfaces above shoulder height.		REMOVE	DECREASE from quarterly		
	Damp dust ceiling air-conditioning diffusers, wall grilles, registers, and other ventilating louvers.		REMOVE	DECREASE from quarterly		
	Dust the exterior (i.e., below ceiling) surfaces of all lighting fixtures, including glass and plastic enclosures, pendant lighting, and aluminum louvers.		REMOVE	DECREASE from quarterly		
DAY SERVICE						
	Check men's and women's washrooms for cleanliness and supplies.	At least 1X				
	As needed, supply toilet tissue, soap, paper towels in men's and women's washrooms and sanitary napkins in women's washroom.	X				

*The approved product must meet two requirements:

- (1) Must be registered with the EPA
- (2) Must list influenza as a germ it can kill.

*This specification represents an approximate \$.06 per square foot annually.

 No change in specification.
 INCREASE in cleaning frequency.


 DECREASE in cleaning frequency.

	CLEANING FREQUENCY	DAILY	WEEKLY	MONTHLY	QTRLY.	ANNUAL
	As needed, empty trash, clean mirrors, stainless, and countertops and sweep floors in men's and women's washrooms.	X				
	As needed, vacuum elevator cabs.	X				
	Empty and clean all ash trays, screen all sand urns and supply and replace sand as necessary.	X				
	Perform constant surveillance of public areas to insure cleanliness.	X				
GENERAL						
	Keep janitor rooms, office, and areas in a clean, neat, and orderly condition at all times.	X				
	Maintain building lobby, corridors, and other public areas in a clean condition.	X				

*The approved product must meet two requirements:

- (1) Must be registered with the EPA
- (2) Must list influenza as a germ it can kill.

*This specification represents an approximate \$.06 per square foot annually.

Employee Roles Requiring PPE

Responder Role

An employee is acting in the role of a responder when he/she is notified or becomes aware that someone in Hines space or in the common area of the building has become ill and is suspected of having influenza. The responder puts on a gown, N-95 mask, gloves, and eye protection and goes to the ill person. The employee gives the individual a surgical mask to put on and instructs them to leave the building if possible, or assists them in getting to the isolation room to wait while appropriate transportation can be arranged for them to leave the building. The responder will monitor the ill person until he/she has left the premises.

The responder will dispose of the used PPE appropriately.

Refer to [Information Sheet 4.1 Overview of Incident Management](#).

Screener Role

Only if door screening is required/mandated by local public health authorities, the door screener will put on a gown, N-95 mask, gloves and eye protection, and will either:

- 1) Distribute self-screening questionnaires to those entering the building and give the individual appropriate instructions based on their answers to the Self Screening Questionnaire, or
- 2) Take the temperature of individuals who pass the self-screening, and then direct them appropriately based on the individuals' normal or elevated temperature.

Refer to [Information Sheets 6.1 Active Door Screening](#) and [6.3 Procedure – Self Screening Questionnaire](#).

Public Contact Role

Employees who come within 3 feet / 1 meter of other individuals on a regular basis throughout their work day (e.g., receptionists) will wear N-95 mask and gloves to perform their duties. Employees who do not come into close contact with others, but handle objects that may be contaminated (e.g., mail room employees, cashiers behind a booth), may require gloves only to perform their duties.

Employee in Public Spaces

When employees are participating in meetings at work or traveling to and from work in close proximity to others, surgical masks may be worn.

Using Masks

How does influenza spread?

Droplet transmission – the main way influenza spreads

When a sick person coughs or sneezes, droplets of virus-containing fluid (bigger than 5 microns in diameter) may be expelled from the mouth and nose. These droplets can be propelled in the air for up to 1 meter (3 feet), after which they settle. They may land on inanimate objects or on healthy people, contaminating them with the virus.

Airborne (aerosol/droplet nuclei) transmission

When a sick person exhales, coughs, or sneezes, extremely small virus-containing droplets (less than 5 microns in diameter) are also expelled into the air. The droplets are so small that they can remain airborne. These can be inhaled by others, who may then become infected. The droplets can be moved readily by air currents and thus pose an infection risk even to people who are some distance away. This method of transmission is more likely to occur in enclosed environments.

Why wear a mask?

Masks may help prevent infected people from spreading their illness to others by containing droplets. Masks may also reduce a healthy person's chance of becoming ill, as they can reduce the chances of inhaling the virus.

Which types of masks should be used?

Two main types of mask might help reduce the spread of influenza. The better the seal, the more likely they will prevent infection. However, the better the seal, the more uncomfortable they are to wear.

Surgical Masks: May be useful in reducing droplet transmission. The mask fits loosely around the face and allows air to escape on either side, so it is unlikely they will be useful in reducing airborne transmission. Surgical masks are disposable and should be used only once, by one person.

N-95 Respirators: These are "high filtration" and may help reduce both droplet and airborne transmission. The mask seals tightly onto the face, so all air passes through the mask upon inhalation. Some respirators can be re-used several times by the same person.

When should a mask be used?

Surgical masks should be worn:

- By infected people as soon as symptoms develop.
- By the general population in public places, should the government recommend it.

N-95 respirators should be worn:

- By those who have regular face-to-face contact with infected people.
- By those who are more likely to encounter the virus because they have contact with the public during the course of their job.

Do not use a mask if:

- It is soiled or splashed with potentially infectious secretions.
- It is wet - no matter what liquid it has been wet with. Discard wet masks.
- You know or suspected someone else has already used the mask.
- It becomes difficult to breathe.

How do I remove the mask?

Do not touch the outside “cup” of the mask with your hands. Handle by touching the edges and the straps of the mask.

Proper care of a reusable mask (such as an N95):

If properly cared for, the mask can last one week or more. It is to be used by the same person and not shared. It must NOT be cleaned.

Changing of mask is recommended if it has been crushed, creased, torn, or visibly soiled or damp/wet or if breathing becomes difficult. Masks used during contact with a possible case of infection must be disposed of and may not be re-used.

How and where should I store the masks?

Masks are to be labeled with the owner's name and stored in a clean dry location when not in use. They may be wrapped with a dry cloth or tissue. Masks may not be stored wrapped in plastic as this tends to retain moisture and reduce the mask's efficacy. Masks may not either be stored in pockets or handbags as this may lead to cross contamination of clothing and personal effects.

What is the difference between N95 and P2 approved respirators?

Various testing and classification criteria have been developed to ensure that respirator masks meet certain standards. The two most commonly used classification systems for respirators are:

National Institute for Occupational Health and Safety (NIOSH): This system gives the mask an N95 rating if it meets the required standards.

European Standards (EN): This system gives the mask a P2 (FFP2) rating if it meets the required standards.

There are some small differences between the testing criteria for P2 respirators and N95 respirators. P2 respirators must show 94 percent filtration under the testing conditions, while the N95 respirators must demonstrate 95 percent filtration under a different set of

testing conditions. Although they have different labels, there is essentially very little difference between masks rated N95 and P2.

In some countries the government also has their own set of criteria and classification system.

Using Masks

Only wear a clean mask, and do not re-use disposable products

How to put on a mask

Wash your hands before putting on your mask. Make sure the person in charge of distributing the masks has washed their hands or is wearing disposable gloves.

- 1 Place the mask on the face
- 2 Secure the ties or elastic band at the middle of the head and the neck
- 3 If the mask has a nose seal, shape it to the bridge of the nose
- 4 Make sure the mask fits snugly around the face. This is especially important for respirators



How to remove a mask

The front of the mask or respirator may be contaminated – DO NOT TOUCH

- 1 Grasp the ties/elastics and remove the mask using these
- 2 Dispose of the mask
- 3 Wash your hands immediately



Gloves

Why wear gloves?

Gloves protect your hands from becoming contaminated with influenza virus. The virus can get onto your hands in a variety of ways, including direct contamination with the bodily fluids of an infected person (often expelled when they cough or sneeze). Your hands may also become contaminated if you touch objects or surfaces on which the virus has landed (door handles, keyboards, etc.).

Either way, if virus is on your hands it can easily enter your body through everyday actions in which you touch your nose, mouth or eyes. Virus on your hands can also contaminate every object you touch and thus spread the germ on to others.

Remember that the outside of the glove is unclean, you must refrain from touching your face with your gloves. Wearing gloves is NOT a substitute for hand washing

When should gloves be worn?

When handling a large amount of mail, money or other such objects that may easily become contaminated.

Responders to a person identified as appearing to be ill with influenza.

Those whose job it is to clean space that has been occupied by someone suspected of having influenza.

When should gloves be changed?

Use fresh gloves for each occurrence and change them if they are damaged. Do not re-use gloves, even if they appear to be clean and uncontaminated. Re-using gloves puts you at high risk for contaminating your hands.

Must I wash my hands even if I am using gloves?

Yes. Gloves are not 100 percent effective in keeping hands from becoming contaminated. It is particularly easy to contaminate the hands when removing used gloves. Always wash your hands after removing gloves - there is no substitute for basic hygiene practices.

What types of gloves should be used?

Disposable, non-sterile gloves. See [Information Sheet 2.6 PPE Purchase](#).

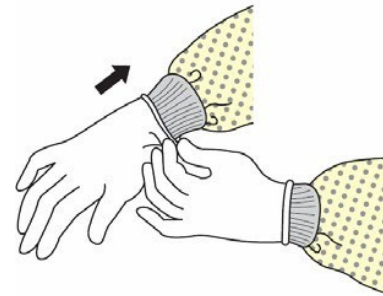
Gloves

When to wear gloves

- If handling or exposed to bodily fluids
- When handling or disinfecting anything that might be contaminated with flu virus (a sick person's clothes, blankets, desk, car, etc.)
- If you have any cuts or broken skin on your hands
- If touching someone who might be infected

How to put gloves on

Pull them on and extend to cover the wrist



How to take gloves off

Remember the outside of gloves may be contaminated!

- 1 Grasp outside of glove with opposite gloved hand; peel off
- 2 Hold removed glove in gloved hand
- 3 Slide fingers of ungloved hand under remaining glove at wrist
- 4 Peel glove off over first glove
- 5 Discard gloves in waste container
- 6 Wash your hands immediately



Disposal of PPE

How does influenza spread?

Local regulations may require special disposal of used Personal Protective Equipment (PPE). The regulations governing the disposal of PPE may change over the course of a pandemic and it will be important to stay up to date with requirements.

Offices should comply with local regulations governing the disposal of used PPE, including face masks, gloves and gowns worn by employees and visitors. In the absence of local regulation, the following are guidelines for PPE disposal:

- 1) All trash receptacles should have plastic liners. This includes small and large receptacles in both individual offices and in common areas.
- 2) Masks, gowns and gloves worn by individuals with no active symptoms should be disposed of in the nearest plastic lined trash receptacle.
- 3) Individuals who are exhibiting signs of illness are asked to exit the building. Should it be necessary to dispose of any PPE used by an affected person it is preferable that the individual using the PPE place the item in a plastic bag and then dispose of the sealed bag in a plastic lined receptacle. Should it be necessary for a staff member to dispose of the used PPE, they should follow the same procedure, wearing gloves while doing so.
- 4) Used PPE should never be left lying on a surface, it should be disposed of immediately upon removal. Individuals using reusable masks should store them as per [Information Sheet 2.1 Masks](#). They should be labeled, kept dry and clean, can be wrapped in paper/paper bag, and must not be crushed.
- 5) All cleaning staff should use appropriate PPE when cleaning. Gloves should be worn when emptying trash receptacles.
- 6) Employees should remember to wash their hands after removing PPE.

		INTERNATIONAL SOS PANDEMIC PLANNING																													
		SAMPLE FACILITY PPE PURCHASING MATRIX																													
NOTE this is a guide to suggested quantities of PPE. Organizations should review quantities in light of their own needs and existing pandemic plan.																															
Explanation of terms and assumptions																															
Front office staff - Moderate risk of infection because job involves contact with the public. Assumed to be unable to maintain >1m distance from other people at some times.																															
General staff - Low risk of infection because job involves minimal contact with the public. Assumed to be able to maintain > 1m distance from other people at most times.																															
POE screening* - Staff who will carry out Point of Entry Screening. High risk of infection because of close contact with many staff and visitors. Assumed to be <1m from other people at most times.																															
Cleaning - Staff who will carry out cleaning of potentially contaminated areas. High risk of infection because of contact with contaminated items.																															
Isolation room - room to be used for the care of a person with suspected illness until they can be transported to medical care. PPE to be used by the staff caring for them.																															
Visitors - non-employees who visit the facility.																															
SET FACILITY PARAMETERS <table><tr><th colspan="2">Personnel in Facility</th><th colspan="2">Number of days stockpiled for</th></tr><tr><td>Front office</td><td>5</td><td rowspan="6"></td><td>90</td></tr><tr><td>General staff</td><td>100</td><td></td></tr><tr><td>POE Screening*</td><td>5</td><td></td></tr><tr><td>Cleaning</td><td>5</td><td></td></tr><tr><td>Isolation room</td><td>2</td><td></td></tr><tr><td>Visitors</td><td>30</td><td></td></tr></table> INSTRUCTIONS: Blue items are sample data only and must be replaced with relevant information. Items are: -Personnel in your facility. -Number of days your facility will stockpile for. -Number of items in each box of PPE. -Price of each box of PPE item. FORMULAS WILL THEN MAKE THE CALCULATIONS					Personnel in Facility		Number of days stockpiled for		Front office	5		90	General staff	100		POE Screening*	5		Cleaning	5		Isolation room	2		Visitors	30					
Personnel in Facility		Number of days stockpiled for																													
Front office	5		90																												
General staff	100																														
POE Screening*	5																														
Cleaning	5																														
Isolation room	2																														
Visitors	30																														
	Personnel in facility	Items per person per day	No of days stockpiled for	SUBTOTALS OF ITEMS TO BE ORDERED	Number in box	Boxes to order	Price per box	TOTAL PRICE																							
SURGICAL MASKS																															
	Front office	5	3	90	1,350																										
	General staff	100	1	90	9,000																										
	POE Screening*	5	1	90	450																										
	Cleaning	4	1	90	360																										
	Isolation room	2			50																										
	Visitors	30	1	90	2,700																										
	TOTAL TO PURCHASE			13,910	100	139	\$24.00	\$3,338.40																							
N95 MASKS																															
	Front office	5	1	90	450																										
	General staff	100	0.5	90	4,500																										
	POE Screening*	5	3	90	1,350																										
	Cleaning	5	3	90	1,350																										
	Isolation room	2			50																										
	TOTAL TO PURCHASE			7,700	100	77	\$135.00	\$10,395.00																							
GLOVES																															
	Front office	5	5	90	2,250		Notes: Purchase a range of small, medium and large according to "average" hand size																								
	General staff	100	2	90	18,000																										
	POE Screening*	5	10	90	4,500																										
	Cleaning	5	5	90	2,250																										
	Isolation room	2			100																										
	TOTAL TO PURCHASE			27,100	100	271	\$5.00	\$1,355.00																							

GOWNS									
POE Screening*	5	3	90	1,350					
Cleaning	5	2	90	900					
Isolation room	2			50					
TOTAL TO PURCHASE				2,300	50	46	\$200.00	\$9,200.00	
EYE PROTECTION									
POE Screening*	5	2		10					
Cleaning	5	2		10					
Isolation room	2			4					
TOTAL TO PURCHASE				24	10	2	\$40.00	\$96.00	
HEAD COVERING									
POE Screening*	5	3	90	270					
Cleaning	5	3	90	270					
Isolation room	2			50					
TOTAL TO PURCHASE				590	100	6	\$30.00	\$177.00	
SHOE COVERING									
POE Screening*	5	3	90	270					
Cleaning	5	3	90	270					
Isolation room	2			100					
TOTAL TO PURCHASE				200	100	2	\$25.00	\$50.00	
*For Use Only If Required by Local Health Authorities									
							GRAND TOTAL		\$24,611.40



Information Sheet 2.7

Hines

Pandemic Flu Scenario Selector



Scenario Selector

The Scenario Selector will help you, as a manager, decide which Pandemic Flu Plan Scenario best fits your present situation

It is recommended that your Scenario be assessed on a daily basis during a pandemic outbreak, or whenever the situation warrants

Before you select your Scenario, the next slides will review the rationale for assessing your “Impact Risk”

Pandemic Impact Risk Assessment

The severity of a pandemic can be measured by impact in several areas and will be assessed on the parameters that are known at the time. The following links provide information on assessing impact risk. For more information, check information from your local health authorities and media. See “Severity and Impact” in the Pandemic Flu Overview.

International SOS Pandemic Preparedness:

<https://pandemic.internationalsos.com/>

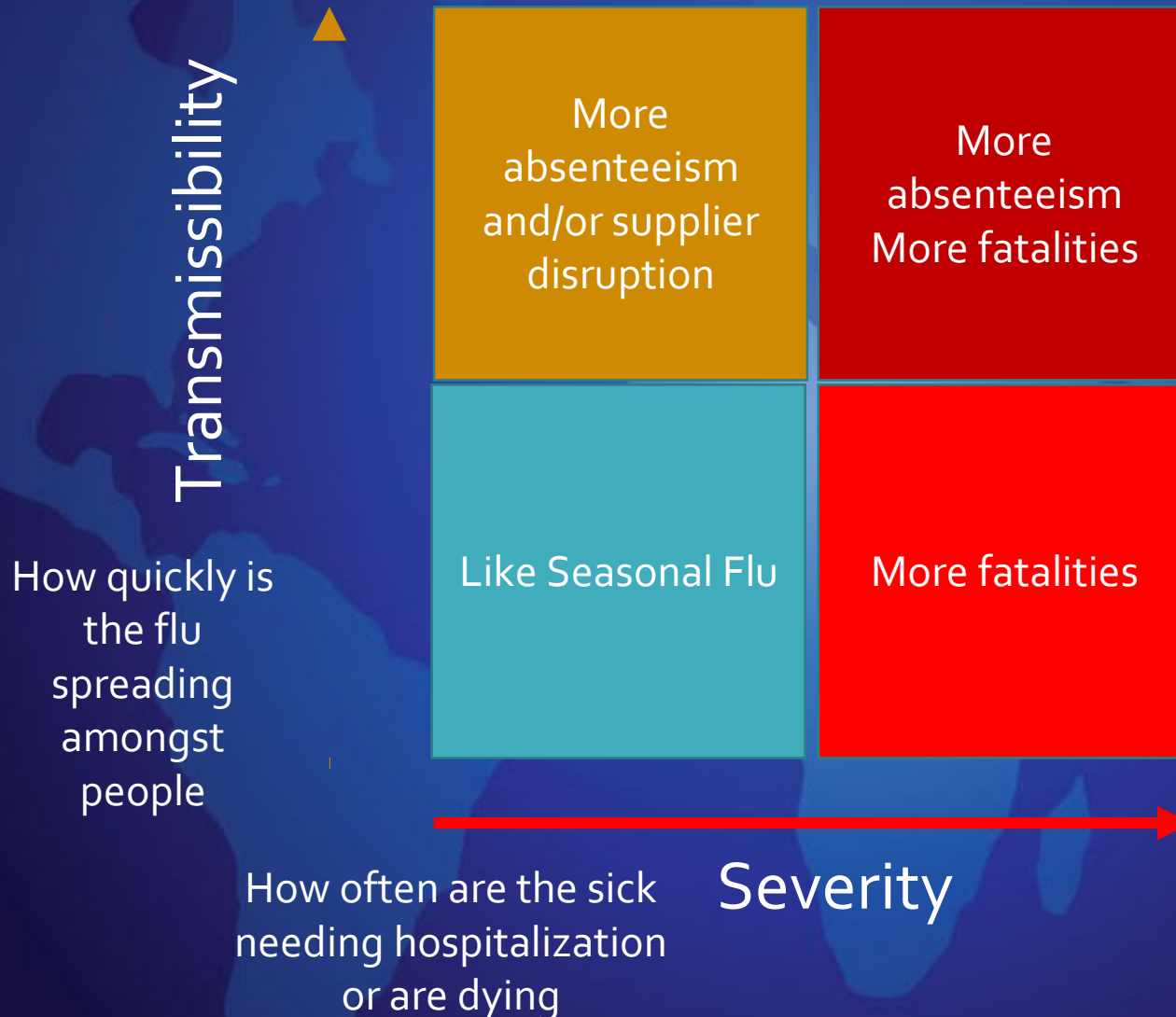
The US CDC has a Pandemic Severity Assessment Framework (PSAF) to determine the severity and impact of a pandemic:

<https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>

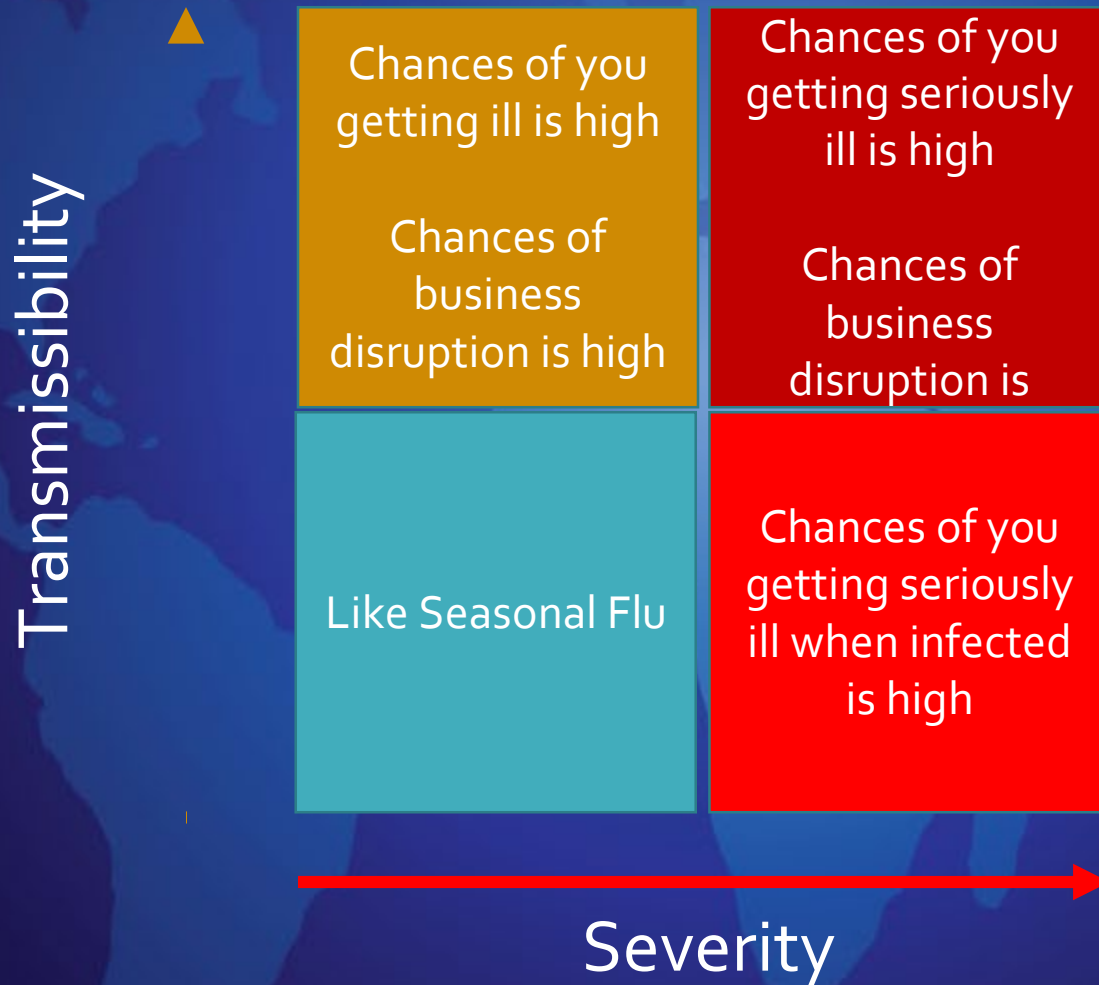
WHO:

- Tool for Influenza Pandemic Risk Assessment (TIPRA):
https://www.who.int/influenza/areas_of_work/human_animal_interface/tipra/en/
- Pandemic Influenza Severity Assessment (PISA):
https://www.who.int/influenza/surveillance_monitoring/pisa/en/

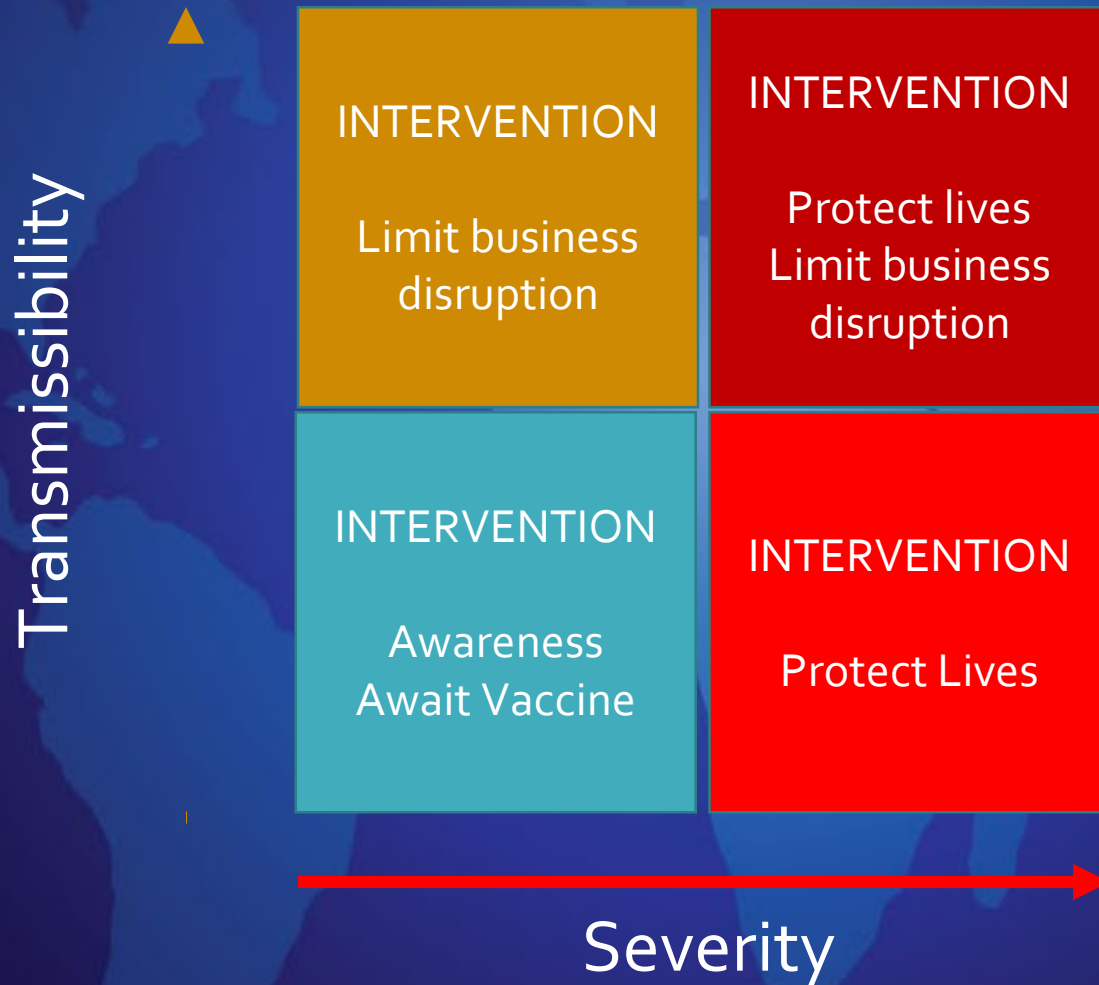
Pandemic Impact Risk Matrix



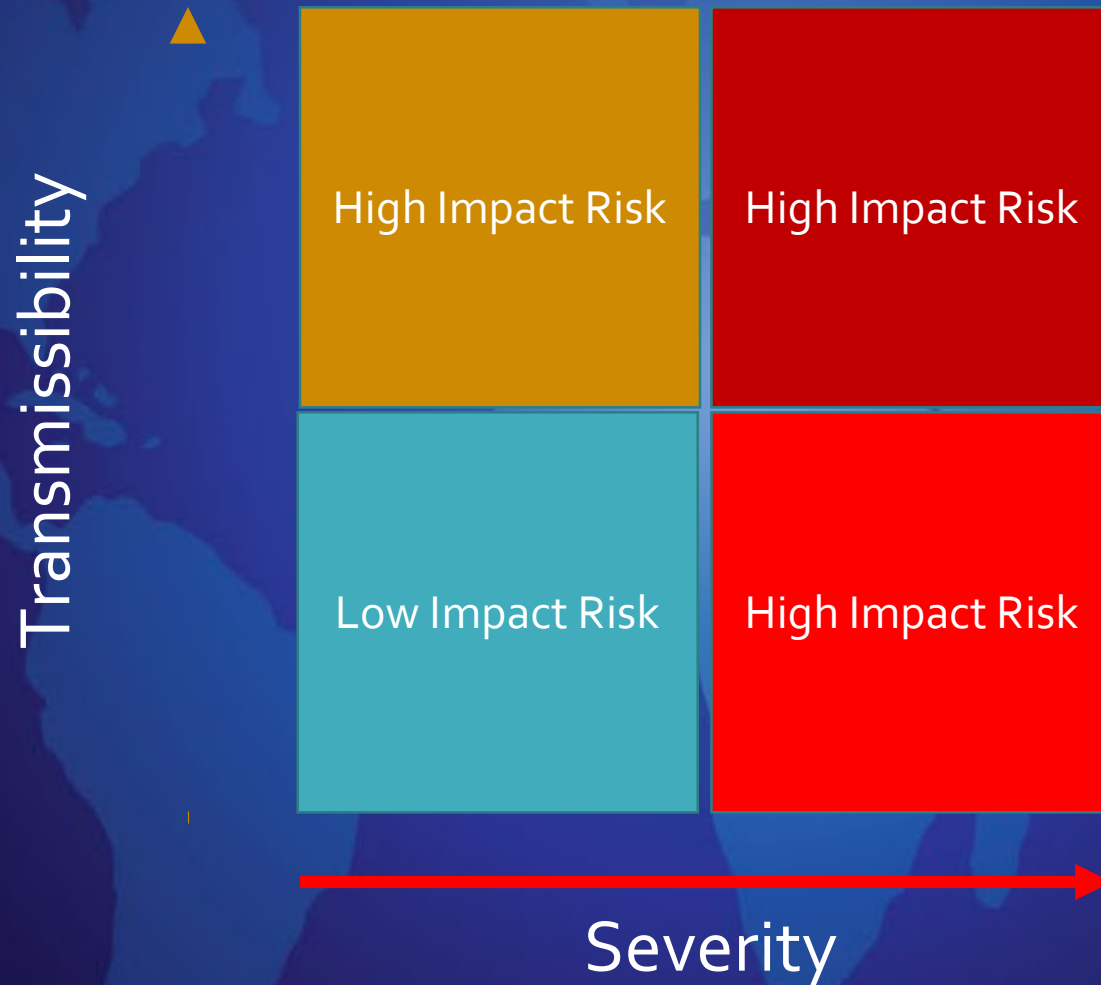
Implications of High Impact



Objectives of Interventions



Is your Impact Risk Low or High



Scenario Selector

Below are the standard Pandemic Flu Scenarios:

Scenario #	Scenario
1	Review plan: No current outbreak (Preparedness)
2	Pandemic Flu, recovery period
3	Pandemic Flu or Alert, not in my country, impact risk low
4	Pandemic Flu or Alert, not in my country, impact risk high
5	Pandemic Flu or Alert, in my country, not in community, impact risk low
6	Pandemic Flu, in my community, impact risk low
7	Pandemic Flu or Alert, in my country, not in community, impact risk high
8	Pandemic Flu, case(s) in the workplace, impact risk low
9	Pandemic Flu, in my community, impact risk high
10	Pandemic Flu, case(s) in the workplace, impact risk high

Follow the next slides to select your scenario
There are a maximum of 2 steps to follow:

Step 1

*Is the pandemic outbreak in your area significantly waning,
and/or is considered in the recovery period?*

If YES – activate Scenario 2

If NO – go to next slide

Step 2

Select the Proximity and the Impact Risk from the Matrix below to find the appropriate Scenario Number

	Low Impact Risk	High Impact Risk
Not in country	3	4
In country, not community	5	7
In community	6	9
Case(s) in workplace	8	10

References and More Information

Reed C, Biggerstaff M, Finelli L, et al. Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics. *Emerging Infectious Diseases*. 2013;19(1):85-91. doi:10.3201/eid1901.120124.

International SOS Pandemic Preparedness: <https://pandemic.internationalsos.com/>

The US CDC has a Pandemic Severity Assessment Framework (PSAF) to determine the severity and impact of a pandemic: <https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html>

WHO:

- Tool for Influenza Pandemic Risk Assessment (TIPRA): https://www.who.int/influenza/areas_of_work/human_animal_interface/tipra/en/
- Pandemic Influenza Severity Assessment (PISA): https://www.who.int/influenza/surveillance_monitoring/pisa/en/

Influenza Risk Reduction for Front Office Staff

Why is the front office staff at risk?

During an influenza pandemic, front office staff (i.e. staff who regularly deals with customers face-to-face) could be at increased risk of contracting pandemic flu because they are exposed to people who may be infectious. People can be infectious, or able to pass along the virus, while appearing perfectly healthy. Staff can reduce their risk by paying strict attention to hygiene and appropriate use of Personal Protective Equipment (PPE).

What are the risks? What steps should front office staff take to reduce these risks?

Risk	How to reduce the risk
Customers expel “respiratory droplets” when they cough or sneeze. Droplets can contain flu virus and should be considered potentially infectious.	- Wear a mask at all times when dealing with customers face to face. (see Information Sheet 2.1 Masks) - Keep a distance of at least 1 meter (3 feet) between yourself and customers. - Door screening procedures should be in place. - Ensure that closed spaces are well ventilated.
Objects touched by customers (including money, pens, chairs etc.) may be contaminated with the virus.	- Wear gloves when handling objects that have been touched by customers. Gloves are NOT a substitute for hand washing. (see Information Sheet 2.3 Gloves) - Practice frequent hand washing. It may be useful to have alcohol hand rub available at desks for regular use. (see Information Sheet 7.1 Hand Washing) - Clean all shared spaces and objects regularly. (see Information Sheet 1.2 Cleaning Hines Space) - Refrain from touching your face, especially after handling objects that may be contaminated.
Visiting clients.	- Wherever possible, minimize face-to-face contact. Use the telephone, email or other means of communication when appropriate. - If face-to-face contact is unavoidable, consider wearing face masks. Avoid touching others. Do not shake hands.

Overview of Incident Management

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Incident Management of Pandemic Influenza.....	2
What should staff do if a suspected case occurs?	2
What happens next?	2
What do we do now that the possible case has left the premises?	3
Caring for others	3
Relieving the symptoms of pandemic flu	3
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Purpose of isolation rooms	5
Procedures for entering and exiting the room	5
When to start contact tracing	5

Incident Management of Pandemic Influenza

The scientific community agrees that another influenza pandemic will occur, although it cannot be predicted when it will occur or where the new (novel) influenza viruses will originate from. Novel influenza viruses can originate in animals, such as birds and pigs, and gain the capability to infect humans. They can also originate in humans and change significantly from the current circulating seasonal influenza virus.¹

Due to the unknown nature of the next pandemic influenza virus, the intent of this document is to provide guidance as to how to manage a suspected case of influenza to minimize or avoid an infection or spread.

During an Influenza pandemic, local public health authority procedures should be followed. In addition, see the International SOS Medical Alerts, and the Pandemic Preparedness website for further information.

<https://pandemic.internationalsos.com/>

What should staff do if a suspected case occurs?

Research any local public health procedures for dealing with a suspected pandemic flu case. Know who to call and the process that must be followed.

- Put a face mask on the person.
- If the person is well enough to leave immediately and independently, make arrangements for him/her to leave the premises and be medically evaluated.
- If appropriate, the person should go home and then *call* the appropriate medical facility (doctor or hospital) for advice on what to do and where to go.
- If the person cannot leave independently, they should go to the room on the worksite that has been pre-identified as an isolation room. **See Information Sheet 5.1 “Isolation Room Preparation Guidelines”.**
- Staff who are attending to the ill person should wear Personal Protective Equipment (PPE).
- Limit the number of people who interact with the sick person – the fewer, the better. Minimize movement in and out of the isolation room.
- Be aware of hygiene. Wear gloves if you need to touch the person and be sure to wash hands afterwards.
- Contact International SOS/designated doctor immediately for further advice. Arrangements will be made to collect the person and take them for further care.
- Advise the appropriate person within your organization of the situation.

See Information Sheet 5.2 “Pandemic Flu Case Management Flowchart”.

What happens next?

The exact flow of management cannot be entirely described as it will depend on the location of the person (country, region) as well as the national processes mandated at the time of the influenza pandemic. These national processes are dynamic.

¹ Viruses of Special Concern. Centers for Disease Control and Prevention. 30 March 2017. <https://www.cdc.gov/flu/pandemic-resources/monitoring/viruses-concern.html>

Each case needs to be dealt with individually.

The objectives are:

- To get expert medical care as quickly as possible, while complying with public health procedures. The person may have to be taken to a designated hospital. This may be in a dedicated vehicle such as an ambulance, or it may be by private transport. The procedures may change as a pandemic situation develops.
- To minimize the person's exposure to others while making the above arrangements.
- To identify people who might be at risk of infection due to contact with the possible case, and ensure they receive appropriate medical advice and treatment ("contact tracing").
- To consider having access to antiviral treatment to be administered under the guidance of a doctor.

What do we do now that the possible case has left the premises?

Any area or surface that the person has been in contact with should be cleaned:

- Keep those areas free of people for two hours if possible.
- Open windows and air the room/s as much as possible.
- Ensure that those who need to be notified have been informed.
- Continue to assist public health authorities in contact tracing, if required.
- Anyone who is considered a contact should monitor their health and stay away from work if symptoms develop.

Caring for others

During a pandemic, especially one due to a severe virus, it is likely that health care services will be overburdened. Your usual medical provider may be overwhelmed caring for serious cases. If your family member or someone you are close to has symptoms that are mild, it may be best to avoid medical facilities and care for the patient on your own. Visiting health care facilities may further expose you and the sick person to infectious diseases. It can also provide an opportunity for your patient to pass their illness to other people.

- If antiviral drugs are available, contact a doctor for direction as to whether they should be used.
- Actively monitor the patient's health. Keep a daily log of symptoms and record their temperature twice a day. Do not measure a patient's temperature within 30 minutes of eating or drinking.
- Encourage adequate rest and plenty of sleep.
- Encourage adequate fluids.
- If there are gastrointestinal symptoms (nausea, vomiting, diarrhea) offer liquids frequently and bland foods in small portions.

Relieving the symptoms of pandemic flu

Most symptoms will clear up by themselves. However, if necessary:

For cough:

- Use an over-the-counter cough syrup or a 50:50 honey/lemon juice mixture.

- Use a cool mist humidifier to moisten the air.
- Do not smoke. Limit or eliminate exposure to irritants and allergens (air pollution, smoke, chemicals, dust, pollen, pet dander).

For sore throat:

- Drink cold fluids, ice-sticks or honey and lemon juice in hot tea.
- Use warm salt water gargles as needed (two teaspoons of salt in a standard glass of water).
- Suck on hard candy, herbal throat lozenges, or over-the-counter throat lozenges (sugar free if you have diabetes).

For fever or mild pain:

Take acetaminophen/paracetamol or ibuprofen. Follow the manufacturer's labeling for dosage.

When should the patient see a doctor?

Most people will most likely get better without any intervention within five to ten days. However, you may need to telephone a doctor for further advice. Whenever possible, phone first before going to a facility for care and let the staff know the patient may have influenza. This allows them to prepare and protect the staff and other patients. Seek further advice if:

- The person is at high risk for complications - see a doctor as soon as possible.
- Antiviral drugs may be available (generally best taken in first 48 hours of the illness).
- Symptoms are not improving after three days.
- Illness continued to worsen after 48 hours, 24 hours if it is a child.
- Breathing is difficult.
- Coughing produces yellow/green phlegm or blood.
- Vomiting is severe or persistent.
- Fever is high or prolonged.
- The patient is confused.
- You are worried.

If the patient is severely unwell, call an ambulance.

Protecting the caregiver

- If a vaccine is available, caregivers should be vaccinated.
- Keep the patient isolated, as much as possible.
- Keep contact to a minimum. Avoid close face-to-face contact (within one to two meters/three to six feet). When you do interact with each other, consider putting a mask on both the patient and yourself. Avoid touching.
- Pay attention to hygiene. Wash your hands frequently, especially following any interaction with the patient.
- If physical contact is required, in addition to the mask, consider eye protection, the use of disposable gloves and a coverall gown. Put the gown over normal clothing before attending to the patient, and then remove when leaving.
- Post-exposure antiviral drugs, if available maybe appropriate. Discuss with your doctor.
- Ventilate the patient's room (that is, open the windows as much as possible).

- The caregiver should sleep in a separate room. Use separate bathrooms, if possible.
- Regularly clean rooms and equipment that the patient uses. When possible, use disposable materials instead of reusable ones (utensils, tissues, etc.).
- Keep adequate stocks of personal hygiene equipment (soap, waterless alcohol-based hand rub, tissues etc.).

Isolation

Purpose of isolation rooms

Isolation rooms can be used as an infection control technique both in healthcare and in private settings. Healthcare facilities use them to keep patients with infectious diseases from passing along the illness to others, or to prevent illness being transmitted to those who are very susceptible.

Offices and factories should also designate an area where people with contagious illnesses can be isolated for several hours until appropriate medical care can be arranged. This is the isolation room.

When someone on the worksite is suspected of having influenza, the reaction depends on how sick they are. If well enough, the person should be instructed to seek medical care, and arrangements should be made for them to leave the premises. If the person is too sick to leave immediately, then they should be taken to the isolation room.

See **Information Sheet 5.1 “Pandemic Flu Isolation Room Preparation Guidelines”** and **5.3 “Setting up an Isolation Room PowerPoint Presentation.”**

Procedures for entering and exiting the room

There are strict procedures for donning and removing of PPE. People must wash their hands and put on personal protective equipment (PPE) before entering the room. Once inside, shut the door and leave it closed. Remove PPE after exiting the room and do it in the correct order.

See **Information Sheet 5.4 “PPE PowerPoint Presentation.”**

Further information can also be found on The Centers for Disease Control and Prevention (CDC) website <https://www.cdc.gov/hai/prevent/ppe.html>

If the ill person must leave the room, they should wear a face mask. They should not leave the room except when unavoidable (such as to use bathroom, or during transport to a health facility). Clean and disinfect the room thoroughly after use. It is recommended that trained professionals are called in to do this. See **Information Sheet 1.2 “Cleaning Premises.”**

When to start contact tracing

Public health authorities will often perform contact tracing during disease outbreaks. Organizations should cooperate fully with these procedures. However, organizations should be prepared to implement procedures on their own in the event that public health actions are delayed.

- **During Alert Phase:** If someone in your organization has a probable/confirmed infection, health authorities will actively trace close contacts.
- **During Pandemic Phase:** Follow the advice of the public health authorities. Consider continuing active contact tracing of close contacts. If it is impractical because of the high numbers of cases

and/or contacts change to *passive* contact tracing (when an index case gives a letter to their contacts) or stop contact tracing altogether.

Isolation Room Preparation

Purpose of isolation rooms

Isolation rooms can be used as an infection control technique both in healthcare and in private settings. Healthcare facilities use them to keep patients with infectious diseases from passing along the illness to others, or to prevent illness being transmitted to those who are very susceptible.

Offices and factories should also designate an area where people with contagious illnesses can be isolated for several hours until appropriate medical care can be arranged. This is the isolation room.

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See **Information Sheet 5.3 “Setting up an Isolation Room PowerPoint Presentation.”**

Procedures for entering and exiting the room

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If the ill person must leave the room, they should wear a face mask. They should not leave the room except when unavoidable (such as to use bathroom, or during transport to a health facility). Clean and disinfect the room thoroughly after use. It is recommended that trained professionals are called in to do this. See **Information Sheet 1.2 “Cleaning Premises.”**

An isolation room will need to be identified for use in the event there is an Influenza suspected person at your facility.

The room should have the following:

- Sign on the door with instructions for entering and exiting the room.
- Log book at the entrance. All visitors must be recorded, with contact details, in case contact tracing becomes necessary.

Information Sheet 5.1

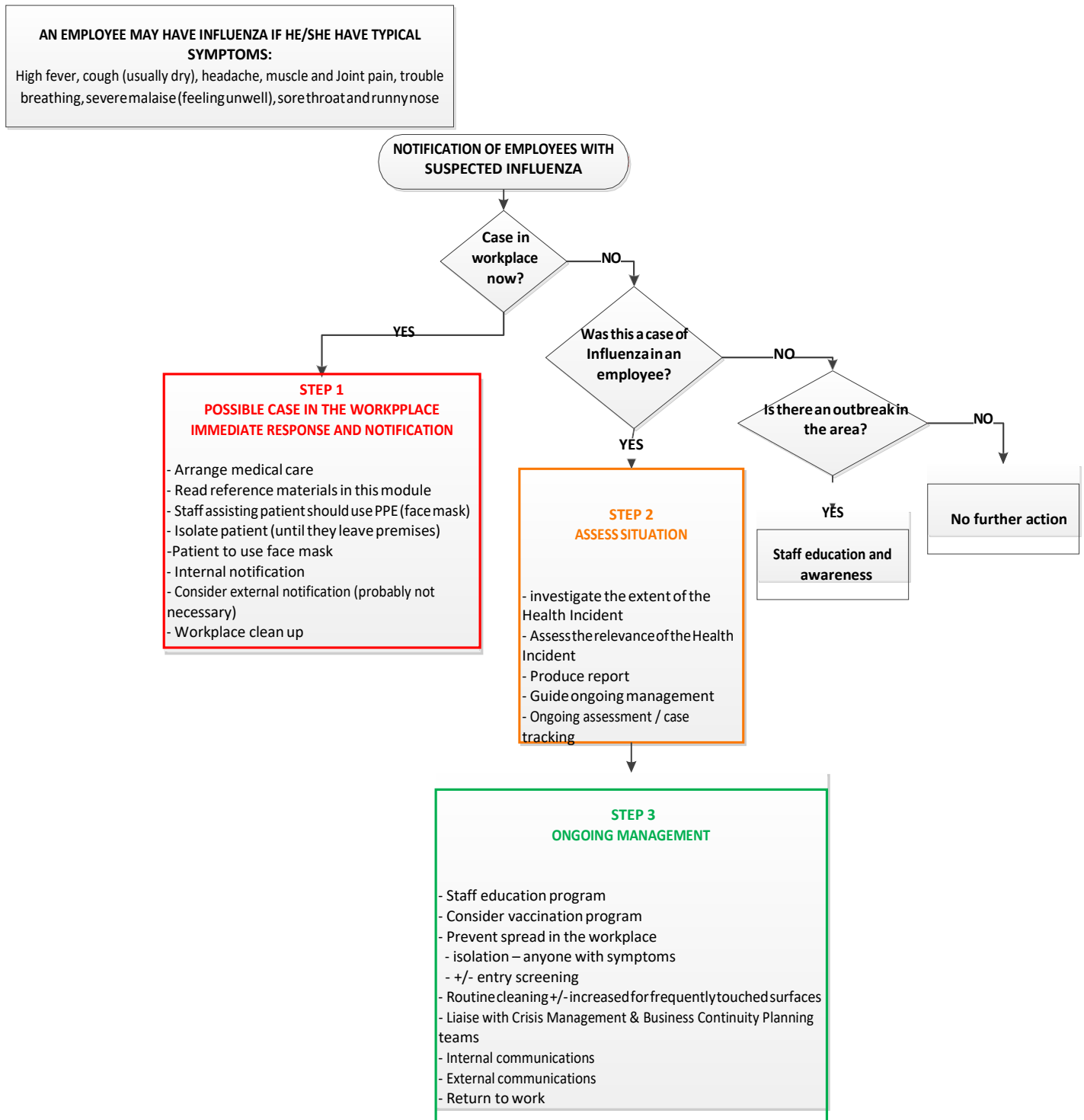
Pandemic Flu: Isolation Room Preparation Guidelines

Hines

- Personal protective equipment (surgical masks for the ill person, gloves and N95 respirators for attendants who need to enter the room).
- A PVC chair or couch which is easily cleaned after use.
- As little furniture and equipment as possible.
- Hand washing, toilet and bathroom facilities. If this cannot be located within the room, then designate a specific bathroom for isolation use. No one else should use this bathroom during times when someone is in the isolation room.
- Disposable tissues.
- Adequate supplies for hand washing. Alcohol-based hand rub or another alternative method for washing hands if running water is unavailable.
- First aid kit.
- Waste bags.

The room must be cleaned after use for suspected Influenza patients following strict procedures.

Case Management Flow Chart: Influenza



Information Sheet 5.3

Setting up an isolation room

Objectives

- Selecting an appropriate room
- Equipping the room



The isolation room

- The isolation room is a designated an area where people with contagious illnesses can be isolated for several hours until appropriate medical care can be arranged
- Ideally it should
 - be close to the entrance
 - in a low traffic area
 - have a separate bathroom
 - have a window
 - have a door that can close fully



The isolation room

Contains minimal equipment

- Essential equipment
- Disposable or can be effectively disinfected

Equipment

- Signage for the door
- Log book
- PPE
- Furniture
- Personal care items e.g. tissues, bucket for vomit
- Hand wash supplies e.g. hand sanitizer
- Waste bags
- First aid kit



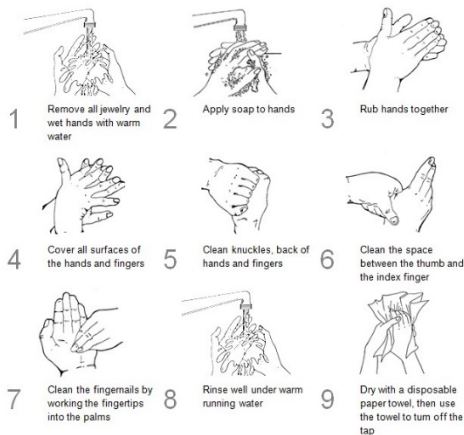
Signage

- The room is in use and should NOT be entered
- Instructions for PPE to enter the room
- Hand hygiene poster
- Instructions for removal of PPE

Wash Your Hands



Wash for at least 10 to 20 seconds



Keep it clean!



Reduce the risk of spreading flu by following these guidelines.

Use normal supplies

- Most detergents or disinfectants kill influenza – no special solutions required.
- Use regular household detergents like hand soap or dish/laundry detergent.
- Bleach or alcohol also works to disinfect and sanitize.

Clean often

Wipe shared objects and work areas daily, or more often if you think they've been contaminated.

- Phones
- Computers (screen, keyboard, mouse)
- Desks and counters
- Chairs and arm rests
- Light switches
- Temperature controls (thermostat)
- Buttons on photocopier, fax machine
- Door handles
- Conference room equipment
- Toilet flush buttons



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POSTER
Section 4: Reducing the spread
4.4.1 Hand Washing

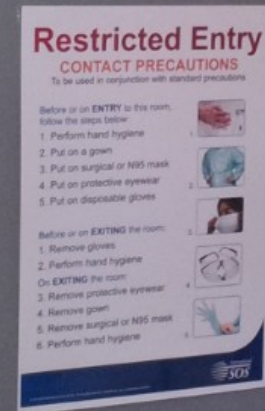


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POSTER
Section 4: Reducing the spread
4.4.1.3 Keep it Clean

WORLDWIDE REACH. HUMAN TOUCH.



Equipment outside the room

- A stand or desk with the log book – all persons must sign in and out
 - Supply of PPE
 - Waste bins
 - Hand washing supplies
 - First aid kit
- Remember any equipment that is brought INTO the room while the patient is there is considered contaminated and must either be disposed of OR properly cleaned and disinfected before re-use.



Inside the room

- NO carpets or soft furnishings if at all possible
- These are difficult to clean effectively
- Chair (PVC so it can be easily cleaned)
- Table
- Personal care items e.g. tissues, bucket for vomit
- Hand wash supplies e.g. hand sanitizer
- Waste bins



Next steps

➤ After the person has left the premises

- RESTRICT entry to the isolation room until the room has been cleaned
- Arrange cleaning
- Complete the log book
- Follow any reporting procedure



PERSONAL PROTECTIVE EQUIPMENT (PPE)

Information Sheet 5.4

International SOS
Pandemic Preparedness Plan

Agenda

Today we will be looking at:

What is PPE?

How influenza is spread

Different types of PPE and their purpose

Guide to appropriate use

Stockpiling

Disposal



What is PPE?

Personal Protective Equipment (PPE) provides a physical barrier between a person and their environment.

There are two main reasons that PPE is used in an influenza pandemic:

- Reduce the risk of individuals becoming infected.
- Reduce the chance of infected individuals contaminating the environment with virus and potentially infecting others.

In Pandemic Planning, the main items of PPE used are:

- Face masks
- Respirators
- Gloves
- Eye protection (goggles/shields)
- Gowns



How Influenza Spreads



Flu spreads from an infected person to another.

An infected person produces droplets containing the virus.

These droplets are spread when they cough, sneeze or talk.

How Influenza Spreads

These droplets can be propelled in the air for up to two meters (six feet), after which they settle.

A person becomes infected when these infected droplets get into their mouth, nose, or eyes:



Directly

or

Indirectly

If you are close enough and someone coughs, sneezes and talks on you.

Transferred there via your hands. The droplets may be on something that you touch, and you then rub your eyes, nose or mouth.

The flu virus can live for several hours (up to 48 hours) on surfaces.

Different types of PPE and their purpose

The following slides provide information on the different types of PPE and their uses.



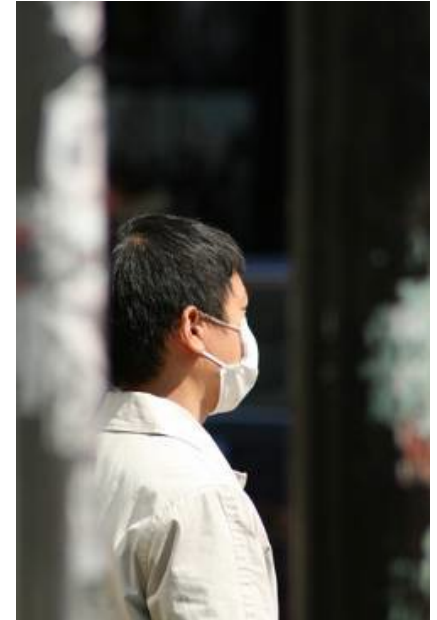
Face Masks

Why would masks be used?

- To reduce the chance of infected people coughing/sneezing virus droplets onto others.
- To reduce the chance of transferring the virus from a person's hands into their mouth.
- To reduce the risk of non-infected people inhaling airborne virus particles or droplets.

What types of masks would be used?

- Surgical masks
- N95 respirators or equivalent

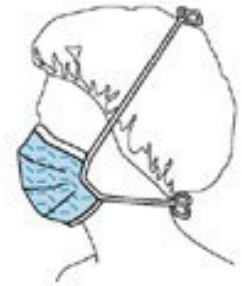


In the health-care setting, masks are required to protect workers against infection. However, in the community setting, there is a lack of evidence that mask use is of benefit/detriment. There is a theoretical increased risk of transmission if people use masks incorrectly.

Surgical Masks

Surgical masks fit loosely around the face and allow air to escape on either side.

- They are disposable and should be used only once.
- They may be useful in reducing droplet transmission.



Surgical masks should be worn:

- By infected people to cover their coughs and sneezes.
- If recommended by public health authorities.

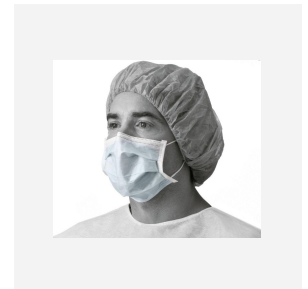
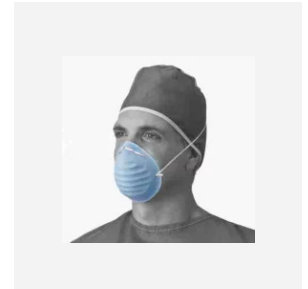
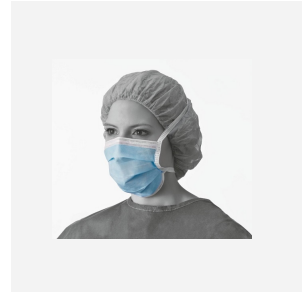


Surgical Masks

There are a number of different designs:

- “Standard surgical” type, with two sets of ties and a moldable nose bridge.
- Pre-molded, held on by a single elastic band.
- Pleated, held in place with ear loops.

Face masks are designed for single use only and should be disposed of after use.



N95 Respirators (or equivalent)

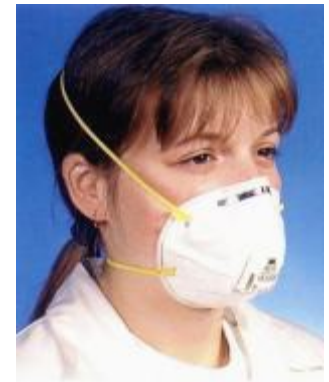
N95 respirators are “high filtration” masks that seal tightly onto the face so all inhaled air passes through the mask.

- Require medical clearance and fit testing.
- They may help reduce both droplet and airborne transmission.

N-95 respirators might be worn:

- By people who have regular face-to-face contact with potentially infected people – for companies, this may include door screeners, staff with high client contact, etc.
- By all medical staff in contact with infected patients.

Ideally disposed of after each use. However, if NOT contaminated, and properly cared for, can be re-used by the same person.



Using and Caring for N95 Respirators

For N95 masks to be effective, staff must be educated on their proper use and care. If properly cared for and used by only one person, the mask can last one week or more. If possibly contaminated, they must NOT be re-used.

Examples of topics for staff education:

- When to wear the mask.
- How to put on/take off the mask, including fit testing.
- When to change the mask - *if it has been crushed, creased, torn, or visibly soiled or is damp/wet; if breathing becomes difficult; if it has been in contact with a possible case (i.e. once the mask is considered contaminated).*
- How to store masks - *in a clean, dry location, protected from dust and wrapped in a dry cloth; label with the owner's name.*



Mask & Respirator

Interim Guidance from CDC and WHO for Pandemic Lessons Learned (H1N1) 2009

US Center for Disease Control and Prevention (CDC)

Consider [Using Facemasks and Respirators](#) in addition to other hygiene precautions. In areas where H1N1 flu is circulating:

- Use a facemask when someone cannot avoid crowded areas.
- Use a respirator when someone must be in close contact with an infectious person.
- Avoid these situations whenever possible.

World Health Organization (WHO)

[Advice on the use of masks in the community setting in Influenza A\(H1N1\) outbreaks](#)

- “permissive” but not encouraging the use of masks in the general community.
- even if masks are used, other measures to reduce spread must be taken (social distancing, personal hygiene, hand washing, voluntary self-isolation of those who are sick).

Gloves

Why would gloves be used?

- To protect the hands from becoming contaminated with the virus. Contamination might occur through contact with bodily fluids of an infected person, or by touching contaminated objects.
- If virus is on your hands, it can easily enter your body if you touch your nose, mouth or eyes. It can also contaminate objects you touch and thus spread the germ on to others.



What types of gloves would be used?

- In most instances, clean, non-sterile gloves are adequate. They could be Latex or Nitrile.
- Vinyl gloves do not fit as well, which makes tasks more difficult and increases the risk of tearing.

Gloves

Gloves should/might be worn when:

- Exposed to or handling bodily fluids (including mucous) from a potentially infected person.
- Handling potentially contaminated objects.
- Cleaning potentially contaminated spaces.



Examples of topics for staff education:

- When to use gloves
- How to put on/take off gloves
- When to change gloves - *Use fresh gloves every time, and change if damaged*
- Importance of washing hands - *Gloves are not a substitute for good hygiene*

Eye protection

Why would eye protection be used?

- To reduce the risk of non-infected people getting virus in their eyes and becoming infected.

What types of eye protection would be used?

- Face shields
- Goggles

Eye protection might be worn by:

- Door screeners/those in close contact (<1m/3 ft) with people who are coughing or sneezing.

Eye protection is not generally required for the public. Those who may need to use it must be educated prior to use.



Gowns

Why would gowns be used?

- To provide an extra layer of protection against cross infection.

What types of gowns would be used?

- For non-healthcare settings, single layer disposable types would be adequate for most uses.

Gowns might be worn:

- When physical contact with an infectious person is likely to occur (e.g. in the “isolation room”).
- By people who are at higher risk of exposure to influenza, such as door screening staff.

Gowns are generally not required for the public. Those who may need to use them must be educated prior to use.



Guide to appropriate use

Deciding when certain staff should begin using PPE and the combination of types of PPE that should be used, is dependent of the following variables:

- Severity of virus
- Exposure risk related to tasks performed
- Criticality of the employee or their role
- Corporate level of Duty of Care
- Corporate level of risk aversion

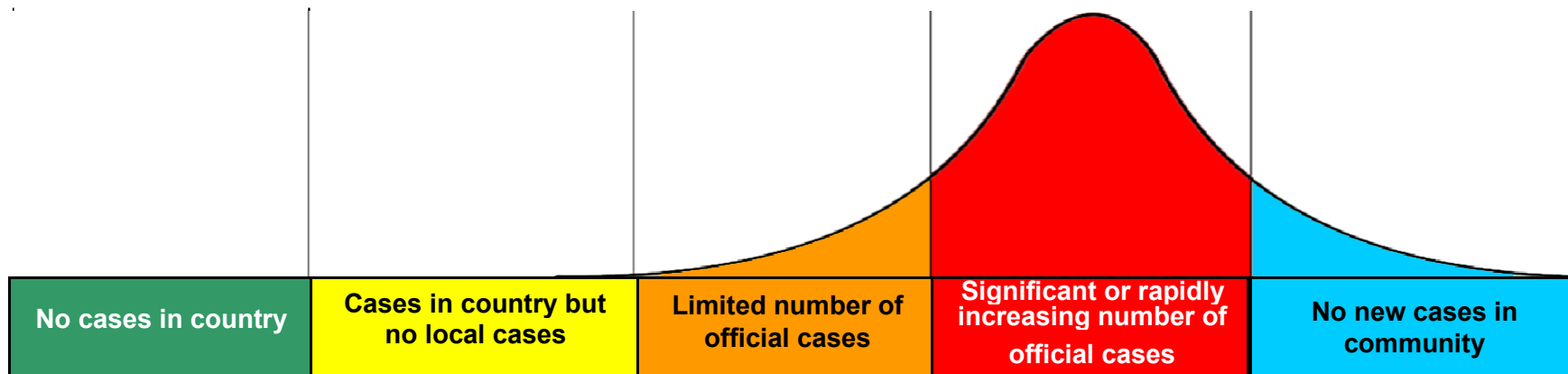
The following sample guides are to be used in conjunction with the Pandemic Flu PPE Quantity Calculation Matrix



Sample Guide: Exposure to influenza virus related to job type

Job type	Exposure to virus (from interaction with the public or from job-related duties)	Explanation
Front office/reception	Moderate	Contact with the public. Assumed to be unable to maintain > 1m (3 ft) distance from other people at some times.
POE Screening	High	Close contact with many staff and visitors. Assumed to be <1m (3 ft) from other people at most times.
Isolation room	High	Exposed to sick individuals and contaminated environment.
Cleaning	High	Staff who will carry out cleaning of potentially contaminated areas. Contact with contaminated items.
Back office/general staff	Low	Minimal contact with the public. Assumed to be able to maintain > 1m (3 ft) distance from other people at most times.

Sample Guide: PPE in an Outbreak/Pandemic of Mild/ Moderate Severity



JOB TYPE	GUIDE TO PPE USE				
Front office	--	--	--	Face mask	--
Isolation room	--	--	Face mask, Gloves, Eye protection	Face mask, Gloves, Eye protection	--
POE Screening	--	--	--	Face mask, Gloves, Eye protection	--
Cleaning	--	--	--	Face mask, Gloves, Eye protection	--
General staff	--	--	--	--	--
Visitors	--	--	--	--	--

Stockpiling PPE

Stockpiling PPE is a complex issue:

- There are no fixed recommendations that can be applied to every company.
- Stockpiling is the only way to ensure supplies are available at the start of a pandemic.

Some issues that may arise include:

- Will PPE be stockpiled for all employees or just those in high risk locations/jobs?
- Will the company supply PPE for the employee to use at home?
- Will the company supply PPE for the employee's family ?
- How much PPE will be stockpiled? The amount of PPE required will be affected by other company policies in place during a pandemic.
- Will the company buy the PPE in one location or several?
- Where will the PPE stockpiles be stored?

Disposal of PPE

Local regulations may require special disposal of used PPE.

It is important to stay up-to-date with requirements.



Active Screening Procedures

(For Use Only If Required by Local Public Health Authorities)

Identify the number of entrances at your workplace, including those that come direct from parking facilities. Decide which entrance(s) will be assigned door screening procedures. Ideally, to reduce cost and increase effectiveness, all entrances but one should be closed off. The screening process should take place close to the selected entrance.

Specific personnel should be appointed and trained to perform screening. Ensure you appoint sufficient staff so that the screening procedures do not create congestion at the entrance to your facility, and to allow for absences or time off among the screening staff.

Personnel performing screening should be provided with appropriate training and Personal Protective Equipment (PPE) to minimize their risk of becoming infected.

Point of Entry (POE) screeners must, in advance, know the procedure for handling people who are sick and others who will not be allowed to enter the premises. They also need to know which room has been designated for isolation purposes on-site.

POE screeners should carry out the following procedures:

- 1) Visually scan for signs of sickness. Some people may be coughing and sneezing or appear feverish and pale. Be cautious during interactions to prevent infection. Give the person a mask to put on take them to the designated isolation area. Inform the pandemic team manager. Give all visitors/employees the screening questionnaire (see **Information Sheet 6.3 “Self Screening Questionnaire”**). People who answer “yes” are at higher risk of having influenza. Give the person a mask to put on take them to the designated isolation area. Inform the pandemic team manager if a person answers “no” to all screening questions, take their temperature.
- 2) If no fever is detected, allow the person to enter the workplace.

If someone has a temperature of 38.0°C (100.4°F) or greater:

- Arrange for the person to leave the premises and attend a medical evaluation (as long as he or she is well enough to leave immediately and independently). Give the person a mask to put on, and direct them to go home. Advise them to telephone the medical facility for advice on what to do and where to go. Calling in advance allows the medical staff to take infection precautions.
- If the person cannot leave independently, direct them to your facility’s pre-identified areas which will be used for isolation. Inform the pandemic team manager.

See Information Sheet 6.4 “Active POE Flow Chart.”

Screening Alert



Watch out for influenza

DO NOT ENTER if you have had:

- Possible contact with someone with Influenza [HxNx] within the last [yy] days

AND one or more of the following:

- Fever
- Cough
- Runny nose
- Sneezing
- Sore throat
- Muscle aches and pains

This is especially important if you have traveled to an area that has cases of influenza A [HxNx] in the last [yy] days.

If you have had exposure to influenza or symptoms as above, protect your co-workers and yourself. Go home and contact your doctor immediately for further advice.

**If you start to feel sick while on the premises,
REMAIN WHERE YOU ARE.**

Call your supervisor or host.

Self Screening Questionnaire - Influenza

Hines is concerned for the safety of you and your fellow workers. We are following the development of the influenza pandemic closely, and in the interest of ensuring a safe and healthy work environment we ask that you carefully complete this self-assessment.

Persons Who Should Complete this Self-Assessment:

1. Employees located in the regions/countries that have had cases of pandemic influenza should review this assessment:
Before coming to work each day
Before traveling
2. Employees returning from regions/countries that have had cases of pandemic influenza within the last fourteen days.

Vendors, contractors, salespeople and other visitors to Hines sites in the pandemic influenza outbreak regions OR people who have departed from those regions within the last fourteen days should be given a copy of this assessment upon arrival at a Hines site.

Do ANY of the following currently apply to you?

- Fever (greater than 38°C/100.4°F) and respiratory symptoms, diarrhea or other unexplained severe illness
- Possible contact with someone with influenza (within the last 14 days)
- Travel to an influenza-affected region or country and possible contact (within 1 meter) of live, sick or dead birds (within the last 14 days)

If the answer to any of the above is YES and:

- You have developed symptoms of influenza - You may have had exposure to influenza. We are directing you to seek medical attention and remain off the Hines site for 7 days following resolution of symptoms.

OR

- You have not developed symptoms of influenza - We are directing you to remain off the Hines site for 7 days following your last possible exposure to the influenza virus.

If you are an employee and on the basis of this self-assessment, it is not appropriate for you to enter the Hines site, please contact your manager. Non-employees should communicate with their Hines contact.

Active POE Screening Flow Chart

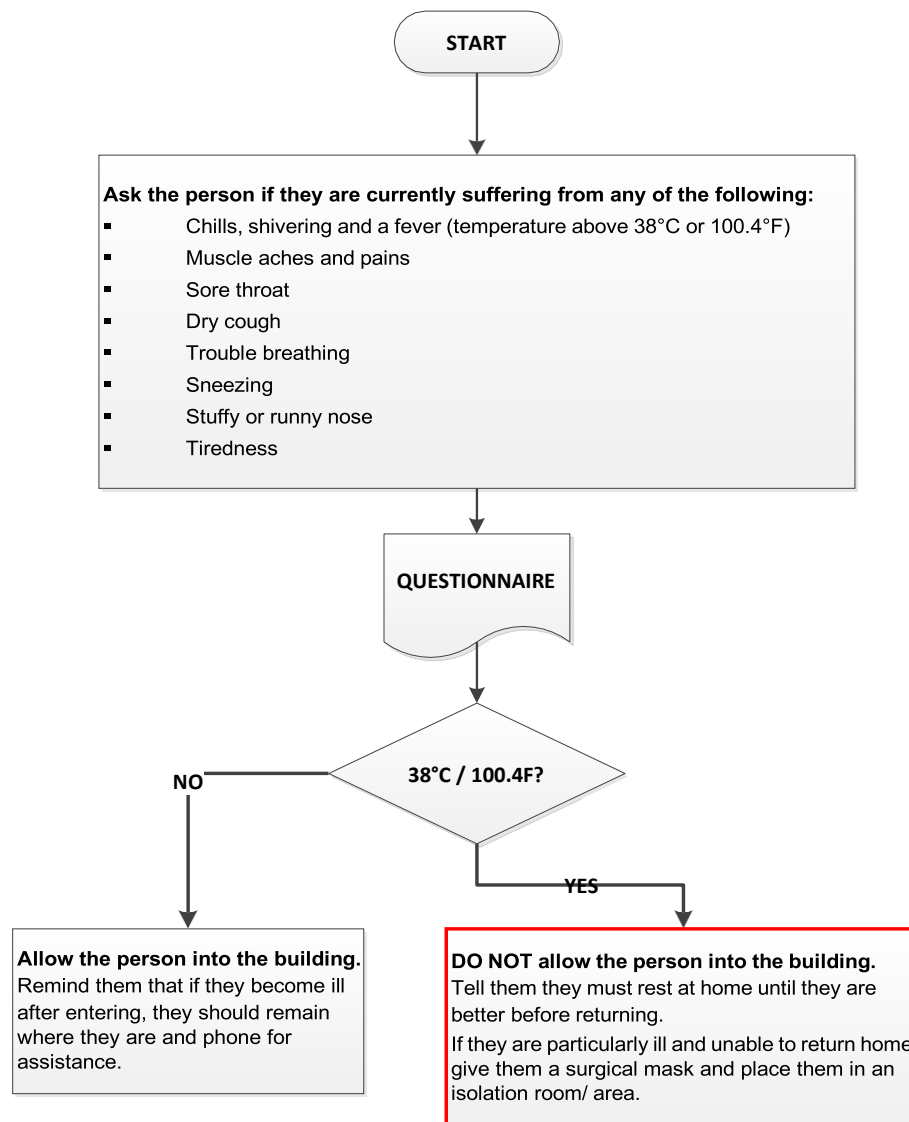
This procedure is a suggested guideline and should be modified according to the virus that may affect your facility. Hines and the International SOS Pandemic Information Service will provide necessary details.

All staff involved in screening **MUST** wear an N95 respirator (if available) or surgical mask, gown and gloves at all times (other PPE may be needed based on the type of virus and exposure risk).

Remember to wash your hands regularly.

Information Sheet 6.4

Pandemic Flu: Active Point of Entry Screening



Pandemic Flu: Reducing the spread of the virus

Contents:

How is influenza virus spread?	2
Hand washing	3
Cough etiquette	4
Social distancing	5

How is influenza virus spread?

When a person infected with influenza coughs or sneezes, they spray infected droplets from their nose and mouth. These droplets travel about one to two meters (three to six feet) before landing on the surface below.

A person becomes infected with flu when viral particles enter their mouth, nose or eyes. This can happen in a number of ways.

- You breathe in droplets that someone has expelled (which are still “floating” in the air), or those droplets land in your mouth, nose, or eyes, OR;
- You get “indirectly” infected from your own hands. You touch a surface that has been contaminated with droplets, and then touch your mouth, nose, or eyes.

About 50% of all flu infections are self-infections caused by contact with contaminated surfaces, according to the world-renowned influenza expert Professor John Oxford, from the Centre for Infectious Diseases, Barts and The London, Queen Mary’s School of Medicine and Dentistry.



Image courtesy of Centres for Disease Control.

Hand washing

Frequent hand washing is the most important way to prevent the spread of influenza. It cannot be overemphasized: it is absolutely essential that people wash their hands correctly and wash them often.



What is the correct method to wash hands?

1. Remove all jewelry from the hands.
2. Wet hands under running water.
3. Apply soap to wet hands. If using bar soap, allow it to drain between uses. It is preferable to use liquid soap or small bars of soap that are changed frequently.
4. Rub all surfaces of the hands vigorously for a minimum of 15 to 20 seconds.
5. Rinse the hands under running water.
6. Dry hands with a clean cloth, disposable paper towel, or hot air dryer.
7. Use the cloth or paper towel to turn off the tap. This prevents your hands from becoming re-contaminated.
8. Avoid splashing.
9. If running water is not available, hands that are not visibly soiled can be cleaned with a waterless hand wash product. Follow the manufacturer's recommendations.

When should hands be washed?

- Before, during and after food preparation.
- Before eating.
- After using the toilet.
- After touching animals or animal waste.
- After touching your nose or mouth.

What about waterless hand sanitizers?

Hand sanitizers are waterless preparations, available commercially as gels, rinses and foams. Many are alcohol based (often ethanol or isopropanol, and n-propanol is available in Europe). The US Food and Drug Administration recommends a concentration of 60% to 95% alcohol (ethanol or isopropanol) for alcohol-based sanitizers. Some commercially available preparations available contain less than this amount. Non-alcohol-based preparations contain benzalkonium chloride.

Hand sanitizers are not a substitute for adequate hand washing facilities (running water, soap and disposable towels or air dryers). However, they are appropriate in situations where such facilities are not available or are inconvenient for frequent use. Bottles of hand sanitizer are convenient and quick to use. By using sanitizer, employees do not have to visit the bathroom to clean their hands. However, when there is visible dirt on hands, the dirt must be removed by washing with soap and water.

Cough etiquette

Good respiratory hygiene can help prevent influenza and other respiratory illnesses from spreading. Everyone should practice good respiratory hygiene, even if they do not appear sick, since people can pass on the flu before they even show symptoms.



Respiratory hygiene

- Use a tissue to cover the nose and mouth when coughing or sneezing. If a tissue is not available, cover the nose and mouth with your upper sleeve. Do NOT use your hands, since they will get contaminated and you can easily pass on an infection by touching shared objects afterwards (doorknobs, copy machines, microwaves, etc.).
- Dispose of used tissues in the nearest waste receptacle.
- Wash your hands (or use hand sanitizer) after covering a cough or sneeze.
- In common areas, try to sit at least one meter (three feet) away from coughing individuals.
- If you are sick, and must be in public, advise people not to get too close to you. Do not shake hands.

Social distancing

What is social distancing?

Social distancing is a public health measure that is used to reduce spread of a pandemic virus. Its aim is to separate infected people and their close contacts from non-infected people, to reduce the risk of spreading the virus.

Social distancing is mainly effective in the lead up to a pandemic wave. Once a full pandemic wave “hits” a community, the virus will be ubiquitous in the community and social distancing is unlikely to prevent its spread.



How can social distancing reduce the risk of influenza?

The risk of inhaling the virus is decreased when people stay at a distance from infected (or potentially infected) people. Inhalation risk is significantly reduced when people stay one to two meters (three to six feet) apart, but the greater the distance the better.

The risk also decreases when people reduce the number of interactions they have with others. For example, if someone remained completely isolated from other people during a pandemic, then their risk of getting infected would be extremely low. It would not be zero, however, as infection could potentially occur through a shared object.

What types of social distancing measures might be enforced by government?

Local and national governments may introduce a variety of social distancing measures leading up to or during a pandemic, including:

Isolation (confinement) of cases: The government may recommend or mandate that all confirmed cases be isolated or confined to a particular building or location. (Locations may include a person’s home.) In many nations, the government has the power to forcibly isolate those who are suspected of suffering certain infectious diseases – including pandemic influenza. If the community is heavily affected by influenza, there may be areas designated as “influenza affected” and “non-influenza affected”.

Quarantine of contacts: People who are in close contact with infected people may be quarantined, or kept away from others, to reduce the risk of human-to-human transmission.

Quarantine of affected areas: Public health authorities may ban travel to and from affected areas.

Public gatherings: In the event of a pandemic, public health authorities may issue directives to close certain venues. This may include schools (including pre-schools and tertiary education centers), work places, shopping centers and entertainment venues. Large public gatherings may also be cancelled, ranging from sports events to church services.

How can social distancing be implemented in the workplace?

Managers and employees may be able to devise social distancing measures which will be practical for their workplace. A range of approaches can be taken to reduce interactions between people and to increase the distance between people. The options depend on the type of work performed.

Minimize interactions between people

Review all procedures or functions where interactions can be reduced or eliminated:

Work from home.

Hold “virtual meetings” rather than meet face-to-face ones.

Restrict visitors to the work place.

Cancel group meetings and social functions.

Increase the physical distance between people

Increase separation between workstations to at least one meter (three feet). This may require reducing the production rate, opening up currently unused areas of workplace and having some people stay away from work.

Consider dividing workers into shifts with fewer people working each shift. If shifts are already in place, introduce more shifts and reduce the number of workers per shift. Introduce shift work into offices, with a morning and afternoon session.

Hold teleconferences or web meetings rather than face-to-face meetings, even within one office. This could allow conference rooms to convert to office space, to help increase spacing between workers.

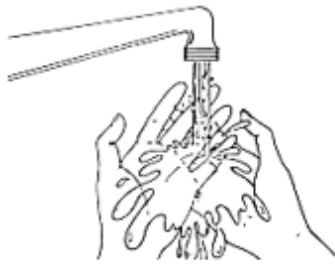
If in-person meetings are unavoidable, limit the number of people attending. Wherever possible, people should be seated more than one meter (three feet) apart.

Stagger any breaks such as lunch breaks. By staggering breaks, fewer people will gather at one time.



Wash Your Hands

Wash for at least 15 – 20 seconds. Total Duration of the procedure is 40- 60 seconds using the following steps:



1 Remove all jewelry and wet hands with warm water



2 Apply soap to hands.



3 Rub hands together



4 Cover all surfaces of the hands and fingers



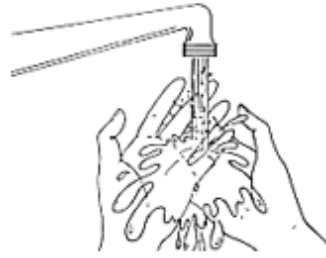
5 Clean knuckles, back of hands and fingers



6 Clean the space between the thumb and the index finger



7 Clean the fingernails by working the fingertips into the palms



8 Rinse well under warm running water



9 Dry with a disposable paper towel, then use the towel to turn off the tap

Don't spread sickness!

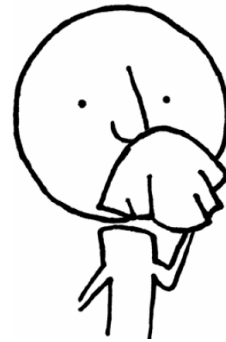
1 Wash your hands

Wash regularly with soap for at least 15 to 20 seconds. Do it after you sneeze or cough, after you use the bathroom, before you eat, and before you touch your eyes, nose or mouth.



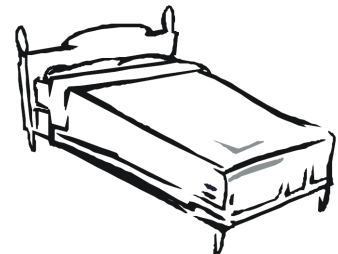
2 Cover your cough

When you cough or sneeze, cover it with a tissue or with the back of your sleeve. In some cases, you may need to wear a mask to protect others. Always throw used tissues in the bin.



3 Stay at home if you feel sick

Rest at home until you feel better. Avoid seeing too many other people.



This poster has been developed only for educational purposes and is correct at the time of publication.

It is not a substitute for professional medical advice. Should you have any questions or concerns about any topic in this poster, please consult your medical professional.



Document Revision History

Date	Notes
September 2019	Updated by COES and International SOS
February 2020	Updated by COES
March 2020	Updated by COES

A Hines IT Support Document



TECHNOLOGY SUPPORTING BUSINESS CONTINUITY
IN A DISTRIBUTED WORK ENVIRONMENT
(v2.0 – Revised 7/25/2018)

1. Purpose

This document is a high-level plan outlining Hines IT efforts to assist and enable business units to continue partial operations in case of a large-scale office shutdown. It is also designed to assist individual Hines business units and regions in preparing their own business continuity plans.

Even though some additional analysis and detailed Disaster Recovery planning will be required, the plan as outlined can be implemented on fairly short notice with little or no substantial capital or resource investment. This document covers ONLY Hines offices and affected personnel; it does not address property management related business continuity efforts. The plan is applicable with minor differences to both domestic as well as international Hines offices.

2. Scenarios

There are two distinct scenarios this white paper addresses:

a. Advance Notice Shutdown of an office, city or region

This scenario would most likely happen in case of a natural disaster with advance evacuation (e.g. hurricanes) or government mandated shutdown (e.g. health epidemic, public emergency, civil unrest, etc.)

b. Immediate and Unforeseen Shutdown of an office, city or region

This scenario will most likely be the result of a natural disaster without advance warning (e.g. earthquake, flood), or government action (e.g. following terrorist activity, public infrastructure failures, civil unrest, etc.)

Even though the IT response and planning for both scenarios is very similar, and the same in many aspects, there are some distinct differences and additional challenges posed by an “Immediate and Unforeseen Shutdown” since time to prepare is effectively reduced to zero.

Many parts of the plan are operational or can be implemented immediately, other components would only be implemented in situations where there is an expected impact exceeding 3 to 5 business days of expected or actual disruption.

3. Assumptions

This plan is based on a substantial number of assumptions as to what the business requires in terms of continuing operations as well as the magnitude and impact of the situation. These are some of the basic assumptions and assertions:

- Hines offices in the affected areas will be shut down and inaccessible for days or weeks as a result of or in preparation for an event as mentioned under scenarios above.
- Hines plans to resume office operations within hours or days with employees working remotely from dispersed locations, such as their private homes, hotels, third-party offices or other locations.

- Employees will work either independently or in groups. Duration of this emergency situation may be limited to a few days or could last weeks.
- The public local or regional infrastructure remains intact and operational. Infrastructure in this context is defined as electricity, water and the public telecommunications infrastructure, such as voice and data communication lines.
- Hines personnel either owns and/or has access to computers, data and voice communications meeting the varying requirements as outlined in the functionality matrix (Appendix A).

4. Objectives

The stated objective is to resume office operations with widely dispersed personnel and to provide a “near complete” work environment. The plan is designed to provide most office “functionality” with the following notable exceptions:

- no physical contact with other office personnel,
- no access to physical documents and office files,
- no access to specialized office equipment, such as scanners, copy machines or other equipment.

The plan attempts to partially substitute the lack of immediate access to coworkers or physical files through selective use of technology, such as instant messaging, web conferencing, etc.

5. Business Readiness Evaluation

We recommend that individual business units, departments, countries, regions or offices perform an initial evaluation of their needs and state of preparedness, followed by periodic updates. We suggest using the guidelines below in your preparation and contacting Hines IT for any questions, comments or special needs as soon as feasible.

Step 1: Compare Appendix A, Functionality Matrix, to your own list of systems and applications in use. Make a list of any additional technology needs and initiate contact with IT as necessary.

Step 2: Determine needs of individual employees in a potential “teleworking” situation and compare to functionality matrix to determine technology requirements. Perform survey to determine whether employees’ homes and home computers meet the identified needs.

Step 3: Plan for both scenarios **a.** and **b.**

Step 4: Include the following assumptions in your planning:

- IT may only be able to provide remote support.
- Support will be even further limited for “non-Hines” PCs, i.e. computers which have not been initially set up by Hines IT.
- Do NOT plan on Hines IT being able to support home PCs.
- IT personnel will most likely not be physically available to set up or install

equipment or software at employees' temporary locations.

- IT telephone support response will be substantially slower as a dramatically increased volume of end user support requests will be expected.

Step 5: Identify and prepare all documentation (including CDs, license keys, vendor contact information, etc.) for non-standard software in use at your location(s). Example: if you have special software not provided by Hines IT you may need to be able to install it on new computers outside the office. If you have the CD and license key in the office and don't have access, you won't be able to install it. Therefore, you should have a backup CD with instructions and license key stored offsite or with Regional or Central IT. Also, you may need to make sure that the software will function properly on the latest PC operating system.

6. Additional Considerations

In addition to providing remote access to the Hines technology infrastructure, other needs such as remote meetings, conferences and "instant" communications need to be addressed.

Business units need to make sure to have sufficient conference call bridges with "800" or other toll-free numbers to allow for a potentially substantial increase in conference calls.

WebEx web-based conferencing, even though already in use, will see substantial increase in use. Familiarity and advance training of key personnel who would most likely act as hosts is strongly recommended.

Instant Messaging (IM), which has proven valuable in enhancing and enabling communications of a geographically dispersed work force, would be rolled out to affected users (who don't already have it installed) on short notice in a business continuity situation. IM systems provide a more instantaneous two-way (or synchronous) method of communication as compared to email which is a one-way (or asynchronous) communication tool. Hines IT has already provided installation guides for the firm-standard Skype For Business and will provide assistance if needed.

Please contact Central or Regional IT Support for detailed instructions on setup and Hines-specific configuration requirements of Skype For Business.

There are a number of additional areas to consider in planning for business continuity which go beyond the scope of this document. To list just a few:

- Answering Services
- Automated phone/contact systems for tenant notifications
- Use of 800 numbers for status updates to tenants, vendors, etc.
- Use of building web sites to communicate to tenants
- Distribution of Emergency Contact Lists including your regional IT resources as well as Hines IT in Houston

7. Functionality Matrix

Please use Appendix A, Functionality Matrix, to evaluate your technology needs and the corresponding requirements. To assist you in this task, here is a short description of each of the columns:

Column 1: lists the various systems and applications in use at Hines today, as well as some additional technology items which would be beneficial to assist in an emergency situation.

Column 2: identifies the communication requirements for each item or the level of functionality available with various levels of communication.

Column 3: shows the minimum computer hardware and software required, and

Column 4: provides comments for selected items.

Appendix A: Functionality Matrix

System / Application / Functionality	Data Communications – (see Note 1) High Speed Data Access (DSL or Cable Modem) preferred	Hardware / Software / Other	Comments
Wireless Email, Calendar, Contacts (mobile device)	Cellular data or high speed WiFi	Blackberry, iPhone/iPad, Android phone/tablet	May use a firm-approved email application.
Email, Calendar, Contacts (workstation/desktop computer)	☑	Personal or Hines-issued computer	Personal computers may use Outlook Web Access. Hines-issued computers may use full Outlook or Outlook Web Access.
myhines.com Intranet	☑	Any mobile device or desktop computer	
Applications accessible through RDS (See Note 2.)	☑	Personal or Hines-issued computer	
JDE	☑	Any iOS or Android mobile device or desktop computer	Limited functionality on mobile devices due to small mobile device keyboards.
Access to files and applications which require access to server-based data on a file server or any other application that is only accessible from within the HGN (i.e. building security, HVAC, bldg. system)	☑	Personal or Hines-issued computer	Hines IT will provide access to file servers through RDS and VPN. VPN requires the user to be using a Hines-issued computer. RDS may be used on a personal computer.
Faxing	phone line	Fax machine or PC-based fax service	
Printing	-	Local printer	
Web based conferencing via WebEx (audio only) (mobile device)	Cellular data or high speed WiFi	Blackberry, iPhone/iPad, Android phone/tablet	Non-cellular devices will need Highspeed Internet Access.
Web based conferencing via WebEx (audio only) (computer)	☑	Personal or Hines-issued computer	
Web based conferencing via WebEx (audio and video) (mobile device)	Cellular data or high speed WiFi	A headset is required for a mobile device if the mobile device will be using audio and viewing the video content.	
Web based conferencing via WebEx (audio and video) (computer)	☑	A headset or microphone/speakers are required for a computer if the computer will be using audio and viewing the video content.	
Conference Calls	phone line	Conference call account	Phone line needed if not using a cellular device.
Instant Messaging (data or "phone" calling) (mobile device)	Cellular data or high speed WiFi	Skype For Business	Setup and configuration instructions available from Central/Regional IT
Instant Messaging (data only) (computer)	☑	Personal or Hines-issued computer, plus Skype For Business	Setup and configuration instructions available from Central/Regional IT

Instant Messaging (voice "phone" calling) (computer)	☒	Personal or Hines-issued computer, plus Skype For Business, microphone and headset	Setup and configuration instructions available from Central/Regional IT
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Notes

1. A high-speed data connection such as a DSL or Cable Modem is always preferred as it provides a more reliable and useable service. In the absence of a high-speed connection, some mobile devices can be used as a mobile hotspot to provide wireless Internet access. Please note: 1) Not all mobile devices can be used as mobile hotspots, 2) connection speeds may vary, and 3) mobile hotspots usually counts against your mobile data plan's data limit and you may end up going over your limit and incurring additional charges. These mobile hotspots should not be considered for extended use due to the notes just mentioned.
2. Apps available through RDS are: Microsoft Office, Sun Accounting, Spreadsheet Server, Timberline, Windows Explorer (specific folders only), Argus Enterprise, Argus Developer, BART, FTS, Construction Management System

Document Revision History

Date	Notes
3/20/2007	Created by Robby VanderKaay, Director – IT Operations & Infrastructure
3/27/2012	Reviewed by Robby VanderKaay, Manager – IT Security and Compliance
7/25/2018	Reviewed/Updated by Robby VanderKaay, Director – Information Security and Compliance

Enbridge Centre COVID-19 Tenant Memo

Enbridge Centre: COVID-19 Update

Hines Property Management is working closely with a building contractor that contacted us the afternoon of January 21, 2021, regarding one confirmed Coronavirus case among their staff. We are able to share the following information:

- The individual's last day of work was Friday, January 15, 2021.
- They were tested and received confirmation yesterday, January 20, 2021.
- Employees identified as having been in proximity to the confirmed individual have been notified directly; these individuals are self-quarantined as of today as a precautionary measure, broadly advised by public health officials.
- No other case information will be made available to protect the privacy of the individual and the tenants involved.

In response to the confirmed case:

- All potentially affected common and tenant spaces will be undergoing deep cleaning and sanitation.
- In addition, Enbridge Centre implemented enhanced cleaning measures effective January 28, 2020 and have continued since then. These include increased cleaning and disinfecting frequency in all common areas, elevators, and washrooms.

As you may know, Hines uses proprietary pandemic preparedness guidelines to establish practical, effective responses for various levels of risk. These materials were created in partnership with International SOS, a leading global medical and travel security services consultant, with influence from the CDC and WHO.

The safety of our tenants, employees, contractors, and vendors is our top priority. Hines Property Management is committed to transparent, responsible communications and will provide additional information as it becomes available to us. We greatly appreciate your patience.

Questions

If you have any questions or concerns that relate to the building, please contact your employer's office manager, or direct supervisor.

Enbridge Centre: COVID-19 Update

Hines Property Management is working closely with a building contractor that contacted us the afternoon of April 21, 2021, regarding one confirmed Coronavirus case among their evening staff. We have the ability to share the following information:

- The individual's last day of work was Monday, April 19, 2021.
- They were tested and received confirmation today, April 21, 2021.
- Employees identified as having been in proximity to the confirmed individual have been notified directly; these individuals are self-quarantined as of today as a precautionary measure, broadly advised by public health officials.
- No other case information will be made available to protect the privacy of the individual and the tenants involved.

In response to the confirmed case:

- All potentially affected common and tenant spaces will be undergoing deep cleaning and sanitation.
- In addition, Enbridge Centre implemented enhanced cleaning measures effective January 28, 2020 and have continued since then. These include increased cleaning and disinfecting frequency in all common areas, elevators, and washrooms.

As you may know, Hines uses proprietary pandemic preparedness guidelines to establish practical, effective responses for various levels of risk. These materials were created in partnership with International SOS, a leading global medical and travel security services consultant, with influence from the CDC and WHO.

The safety of our tenants, employees, contractors, and vendors is our top priority. Hines Property Management is committed to transparent, responsible communications and will provide additional information as it becomes available to us. We greatly appreciate your patience.

Questions

If you have any questions or concerns that relate to the building, please contact your employer's office manager, or direct supervisor.



Enbridge Centre: COVID-19 Update

Hines Property Management is working closely with a tenant that contacted us on Wednesday, September 8, 2021, regarding one confirmed Coronavirus case among their employees. We are able to share the following information:

- The individual has not been in the office since Friday, September 3, 2021.
- They were tested and received confirmation on Wednesday, September 8, 2021.
- Employees identified as having been in proximity to the confirmed individual have been contacted and are following the current Provincial guidelines.
- No other case information will be made available to protect the privacy of the individual and the tenants involved.

In response to the confirmed case:

- The affected floor has undergone deep cleaning and sanitation.
- In addition, Enbridge Centre implemented enhanced cleaning measures effective January 28, 2020 and have continued since then. These include increased cleaning and disinfecting frequency in all common areas, elevators, and washrooms.

As you may know, Hines uses proprietary pandemic preparedness guidelines to establish practical, effective responses for various levels of risk. These materials were created in partnership with International SOS, a leading global medical and travel security services consultant, with influence from the CDC and WHO.

The safety of our tenants, employees, contractors, and vendors is our top priority. Hines Property Management is committed to transparent, responsible communications and will provide additional information as it becomes available to us. We greatly appreciate your patience.

Questions

If you have any questions or concerns that relate to the building, please contact your employer's office manager, or direct supervisor.