Confronting COVID-19: Insights for Real Estate Leaders

Urban Land Institute
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Provide leadership in the responsible use of land and in creating and sustaining thriving communities worldwide

BUILDING HEALTHY PLACES

Leveraging the power of ULI’s global networks to shape projects and places in ways that improve the health of people and communities

Convenings | Research | Best Practices | Education
ULI Goals

Help ULI members:

• Understand the role they can play in mitigating the spread of the disease
• Cope with impacts of the coronavirus and associated short and long term disruptions
• Play a role in addressing adverse impacts on vulnerable people

www.uli.org/covid19

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Speakers

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Senior Vice President
Urban Land Institute
~ Moderator ~

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Catherine Troisi Ph.D.
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Person to person spread through droplets, fomites, maybe aerosol?

Sx are similar to flu but ~10% have no symptoms, some have GI sx

Disease occurs up to 14 days after exposure with average time of 5 days

People can shed virus early in the infection and after symptoms subside

About 14%-20% of infections are severe

About 2% of those infected die – range between 0.5% and 3.5%; Elderly, morbidly obese, those with other medical conditions at higher risk of dying – but young people also at risk
- What is role of presymptomatic, asymptomatic, postsymptomatic infections in transmission?
- When a person is most infectious?
- How long virus can remain in environment – preliminary reports of up to 2-3 days
- Will virus disappear when warmer weather occurs? And if so, will it return next fall?
- How long do we need to physically distance to flatten the curve?
- What is best clinical treatment
>385,500 confirmed infections – 79% outside mainland China
>16,500 deaths
Cases reported in 169 other countries
Took 3 months to 1st 100K cases, 12 days to next 100K, 24 hrs to next 100K
Pandemic, infodemic, and feardemic
US SITUATION AS OF 23 MARCH 2020

- 44,000 cases with rapid increase despite limited testing; 520 deaths
- Cases in all 50 states, DC, Puerto Rico, VI,
- Shortage of:
  - Testing kits and supplies
  - PPE for healthcare workers and first responders
  - Medical beds/ventilators and other equipment
- Seeing increase in ICU admissions
- May be 8-10 days behind Italy
Where The ICU Beds Are

More than half of counties have no hospital ICU beds, a growing concern as the novel coronavirus spreads throughout the nation. This map shows counties with no hospitals, counties with hospitals but no ICU beds, and counties that do have ICU beds.
WHAT’S GOING TO HAPPEN?

- Hard to predict
  - Wave has not crested
  - What happens in fall?
  - May eventually become endemic like other respiratory viruses (colds, flu)
- Social (physical) distancing implemented to flatten the curve
  - How long will this be needed? Different models
  - Will depend on compliance, how long social distancing lasts, characteristics of the virus
- Is business or health the priority? Difficult decisions needed
- We’re in this together
Suppression scenarios

Models from researchers at Imperial College London suggest that wide adoption of measures to reduce the transmission of the novel coronavirus can reduce the demand for critical health-care services, in part by spreading the demand over a longer period. The major challenge is that those measures will need to be maintained until a vaccine becomes available, or transmission will quickly rebound.

In the model, a five-month period when suppression measures are assumed to take place stretches through August.

Closing schools and universities, isolating cases and general social distancing

Isolating infected cases and quarantining family members at home, in addition to general social distancing

Source: Imperial College London
Three scenarios for how the outbreak could spread.

Percent infected by July 1

- 25%
- 50%
- 75%

No control measures

Some control measures

Severe control measures
- How contagious is the virus?
- How deadly is the virus?
- Are people infectious before/without symptoms?
- How much have infected persons traveled?
- How effective is our response?
- How long to develop vaccine?
MEASURES SCIENTISTS WORKING ON

- New diagnostics
- Vaccine
- Antivirals
• Don’t panic
• Wash your hands with soap and water (20 seconds or two ‘Happy Birthdays’); moisturize
• If soap/water not available, use alcohol-based hand sanitizer
• Clean and disinfect frequently touched objects and surfaces
• Cover your cough/sneeze – either crook of elbow or use tissue and dispose of in lidded receptible
• Don’t touch your face, nose, eyes
• Stay healthy – adequate sleep, good nutrition, exercise, reduce stress
Stay home if you’re sick
Stay away from sick people
Mask – evidence isn’t there, may do more harm than good
Get a flu shot every year; pneumonia vaccine if ≥65 years old
Travel only if necessary
Ready.gov/kit
Support public health
PLACE MATTERS:
PREVENTION AND PREPAREDNESS, RESILIENCE AND RECOVERY

IWBI & THE NOVEL CORONAVIRUS (COVID-19)

WHITNEY AUSTIN GRAY, PHD, LEED AP, WELL AP
INTERNATIONAL WELL BUILDING INSTITUTE
“As part of an international team of experts that live and work in China at the International WELL Building Institute, each day, we work to create places that support health, but never has that mission been so important than our current situation calls for. My team was thrown at the epicenter of the outbreak starting on January 23, 2020, and yet, we were also called to respond to the rising volume of inquiries from the marketplace, especially from our WELL users, as to how our spaces can be part of our care-giving team in the fight against viruses. We rallied with our WELL community and responded in a sense of preparedness and resilience. I’m thrilled to witness such a strong affirmation from the marketplace that the health component has undeniably become the front and center position in buildings and communities.”

Xue Ya, President of IWBI Asia
THE COVID-19 PANDEMIC:
SPREAD AND FREQUENCY

Given the pace of recent global outbreaks of disease, some researchers say we can expect more pandemics in years to come, particularly given increased animal-human interaction from habitat loss and changing weather patterns from climate change. This means it’s all the more important that we learn from the current conditions and work toward for a more resilient future.

Data taken from the WHO Coronavirus disease 2019 (COVID-19) Situation Report – 34; numbers as of 25th February 2020
PLACES MATTER

Our homes, communities & locations are closely tied to our current experience.

• LOCATION: some research has shown that latitude and climate can influence vulnerability to COVID-19.¹

• BUILDINGS: We spend approximately 90% of our time indoors.²

• QUARANTINE: Working from home highlights how well our spaces are working for our daily lives.

“[...Buildings]... If managed poorly, they can spread disease. But if we get it right, we can enlist our schools, offices and homes in this fight.”

Joseph Allen, DSc, MPH
Co-Chair, IWBI Special Task Force on Coronavirus
Assistant Professor of Exposure, Assessment Science,
Department of Environmental Health,
Harvard T.H. Chan School of Public Health
Implementing WELL features enables us to apply buildings as a tool to help advance public health - and allows people to better protect themselves in indoor environments. While implementation of WELL features cannot prevent a pandemic, it can help reduce the risk of spreading infectious disease.
OVERVIEW OF WELL
THIRD PARTY VERIFICATION
A REASON TO TRUST YOUR BUILDING

Is this air clean?

Has this surface been cleaned?

Have I washed my hands recently?

INFORMATION IS EMPOWERMENT.
IWBId SPECIAL TASK FORCE ON CORONAVIRUS

CHAIRS OF THE TASK FORCE

Joseph Allen, DSc, MPH
Assistant professor and Director of the Healthy Buildings program at Harvard’s T.H. Chan School of Public Health.

Richard Carmona, M.D., MPH, FACS
17th Surgeon General of the United States Professor, University of Arizona

Risa Lavizzo-Mourey, M.D., MBA
Former president and CEO, Robert Wood Johnson Foundation Professor of Population Health and Health Equity, University of Pennsylvania

JOIN THE TASK FORCE TODAY
• A framework that builds on public health disaster preparedness models and considers short and long term impact related to buildings and community health
• Key components of prevention include hand washing, isolation of those who are sick, cleaning protocols and ventilation strategies. ¹

• This includes cleaner air, cleaning protocols, individual behavior change and immune support

• Risk-management approach balanced with health promotion approach

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KEY STRATEGIES
PREVENTATIVE MEASURES
PROMOTED BY WELL

01  HAND WASHING

02  CLEANING POLICY

03  CLEANER AIR

- A03 Ventilation Effectiveness
- A07 Operable Windows
- A12 Air Filtration

- A06 Enhanced Ventilation
- A11 Source Separation
- A14 Microbe and Mold Control

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COVID-19 is spread primarily through close contact (6 ft) with an infected person via respiratory droplets. New research indicates that the virus can remain airborne for hours as well as remaining on surfaces for days. The HVAC system in buildings may transport the virus spreading the possibility of infection, therefore it is critical to keep indoor air as clean as possible. Increased ventilation also has other cognitive and health benefits.

- Increase ventilation rates and open windows.[1]
- If possible, turn off air recirculation and ventilate only using outside air.[2]
- Consider other preventive measures:
  - Regularly clean, disinfect and maintain open cooling towers, filters, purifiers, air vents, air handling units, surface coolers, heating, cooling coils and other equipment or components of the HVAC system.[1,3]
  - Use filtration devices (ideally HEPA-rated), but ensure that addition of filters does not decrease outdoor air ventilation rate.[4]
  - Maintain humidity above 30%.[4]

**PREVENTION: CLEANER AIR**

Additional Considerations to help promote cleaner air:

- **Disinfect the indoor environment daily, open windows and ventilate frequently** [1]. As COVID-19 is structurally similar to SARS and MERS, it may last on surfaces for up to 9 days [2].

- If possible, **use ultraviolet radiation on the cooling coils and drain pans** of the air conditioning system [5].

- Where possible, ascending and descending stairs can be set up separately to avoid areas becoming too crowded. **Stairwells with operable windows could take advantage of natural ventilation** and those without should be ventilated with mechanical systems [6].

- If possible, **run stand alone air purifiers to further reduce possible contaminated air** and air pollutants brought in by natural ventilation [6].

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A key differentiator in current COVID-19 death rates has been the level of preparation in different countries.¹ Those with experience with recent pandemics and the infrastructure and policies in place to respond quickly have kept their number of mortalities lower than those with a less unified response.²

Includes Organizational and Technology Strategies to ensure continuity of the organization, support remote workers, and reduce stress during transitions

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¹ Orenstein, Charles. (2020). This Coronavirus is unlike anything in our lifetime. https://www.propublica.org/article/this-coronavirus-is-unlike-anything-in-our-lifetime-and-we-have-to-stop-comparing-it-to-the-flu
KEY STRATEGIES

WELL FOR PREPAREDNESS

01 HEALTH BENEFITS

02 VISUAL AND PHYSICAL ERGONOMICS

03 EMERGENCY PREPAREDNESS

- C15 Emergency Preparedness
- CHR Community Health Resilience
Enhance communication, minimize confusion, improve personnel coordination, build response capabilities, including assessment of supplies, specialized personnel and physical structure.

- Establish an emergency management plan that addresses:
  - Steps for response during infectious disease outbreak.[1,3,4]
  - Needs of vulnerable occupants.[1,2]
  - Individuals responsible for managing response.[1,3]
  - Ongoing communications to occupants.[1,3]

- Provide resources that educate occupants on:[1,3,4]
  - Creating evacuation or shelter-in-place plans.
  - Building emergency kits, supplies and go-bags.
  - Planning communications with family or primary contacts.

Resiliency is a key framework used by industry, policy makers and academics to increase the chance of weathering uncertainty and change.\(^1\)

- Resiliency can be at multiple scales: individual, building, community, city and region. \(^2\)

- Resilience can improve recovery
RESILIENCE
INDIVIDUAL, ORGANIZATIONAL, BUILDING & COMMUNITY

• Actions taken to support individual, organizational and community capacity to recover quickly and adapt to changing circumstances.

• Often used in climate change adaptation and mitigation work, resilience is being used for building-level strategies, particularly for Environmental, Social and Governance reporting.

• Resilience also refers to individual resilience and strategies.

• Adaptive and flexible preparation plans can help build resilience.

• Key strategies include supporting individual immune systems, providing flexible and adaptive expectations of employees during transitions, and community support.

1. http://100resilientcities.org
2. https://greatergood.berkeley.edu/article/item/five_science_backed_strategies_to_build_resilience

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KEY STRATEGIES
WELL FOR RESILIENCE

01 MOVEMENT

02 CLEAN CONTACT

03 MENTAL HEALTH SUPPORT

- M01 Mental Health Promotion
- M04 Mental Health Education
- M05 Stress Support
- L01 Light Exposure and Education
- C01 Health and Wellness Awareness
- CRI Mental Health Crisis Support
RESILIENCE: MENTAL HEALTH SUPPORT

**WELL** promotes mental health through policy, programming and design strategies that seek to address the diverse factors that influence cognitive and emotional well-being.

- Provide access to virtual programming that supports relaxation, restoration and stress reduction, such as:[1,2]
  - Digital programming - e.g., applications that provide guided meditation, yoga instruction or other mindfulness activities.
  - Remote training courses - e.g., mindfulness stress reduction course.

- Share resources that promote the importance of daylight exposure for mental health.[3,4]

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KEY STRATEGIES
WELL FOR RECOVERY

01 CLEANER AIR

02 CLEAN CONTACT

03 CLEANING PRODUCTS AND PROTOCOLS

- X09 Cleaning Products and Protocol
- FAC Sanitary Facilities Provision

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RECOVERY: CLEANING PRODUCTS AND PROTOCOL

WELL encourages identification and maintenance of high-touch surfaces by implementing a cleaning schedule for thorough cleaning and disinfection.

- Establish monitoring, feedback and auditing mechanisms for the existing cleaning program.[1]
  - Assess inventory of high-touch surfaces.
  - Update training practices for cleaning personnel.
- Select cleaning products that are less harmful for occupants’ respiratory systems by:[2,3]
  - Follow health guidelines
  - Inquire for ingredients

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Places Matter:

- Prevention
- Preparedness
- Resilience
- Recovery
“One comfort I take from this is that our team is doing our part in preparing people creating spaces that help advance health, and we are part of the long term solutions in moving towards a safer, healthier society. Our team has gone through various stages of quarantine/self-isolation depending on their whereabouts, with a few severe cases now going on for 60 days of complete self-isolation. But, our work never stopped. Our team provided air purification and ventilation system strategies to front line workers in a few hospitals and the living quarters for medical staffers in Wuhan. People want to know if the virus can spread throughout the apartment buildings they are living in, the offices they are returning to, these are serious and important questions that we are up to at IWBI. We use WELL as a tool to guide people in their search for healthier spaces to live, work, learn and play in. We continuously work to engage our stakeholders and empower our WELL community.”

Xue Ya, President of IWBI Asia
Susan Bazak, M.A.
Principal
Bazak Consulting

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Responding to COVID-19 in your building

EMERGENCY MANAGEMENT STRATEGIES FOR COMMERCIAL REAL ESTATE
Overview

1. Pandemic in context
2. What to do right now
3. Anticipating what’s ahead

Pandemic Planning in the context of Emergency Management

3.3.12 Disaster/Emergency Management. An ongoing process to prevent, mitigate, prepare for, respond to, maintain continuity during, and to recover from, an incident that threatens life, property, operations, information, or the environment.
Pandemics as a Biological Hazard

Your pandemic plan is part of your risk-based Emergency Management Plan.
Global, national, local pandemic plans were developed with influenza in mind
Current COVID-19 guidance

Customized planning, and targeted guidance for COVID-19
Whole of society approach

Commercial real estate’s critical role in COVID-19 response

Source: Pandemic Influenza Preparedness and Response, A WHO Guidance Document
Responding to COVID-19

1. Containment
2. Preparedness
3. Mitigation
Critical Mitigation Considerations

1. Protecting your stakeholders’ health and safety
2. Communicating effectively
3. Ensuring essential business continues

Source: CDC, Pandemic Flu Checklist: Workplace Administrators
1. Protecting Health & Safety

Ensure HR policies and guidance to employees are consistent with CDC COVID-19 guidance as the pandemic evolves.
Do your HR Policies reflect CDC Guidance?

- Encourage sick employees to stay home
- Separate sick employees immediately
- **Key messages**: stay home if you are sick, practice respiratory etiquette, hand hygiene
- Perform recommended COVID-19 cleaning protocols
- Communicate appropriate travel guidance
HR Policies (continued):

• Employees who have a sick family member - notify your supervisor

• If an employee becomes sick - employers should inform staff of their possible exposure, but maintain confidentiality

Recommendations

Explore social distancing policies and practices

- Telecommuting (e.g. working from home)
- Flexible work hours (e.g., staggered shifts)
- Ensure availability of information technology and infrastructure needed to support multiple employees who may be able to work from home
Occupational Health & Safety Administration (OSHA)

OSHA Fact Sheet

Protecting Workers during a Pandemic

A pandemic is a global disease outbreak and can be caused by a variety of agents, including influenza and coronaviruses. During a pandemic, transmission can be anticipated in the workplace not only from patients to workers in healthcare settings, but also among co-workers and between members of the general public and workers in other types of workplaces.

Workers who believe that their employer provides a safe and healthy workplace are more likely to report for work during a pandemic. Clear communication promotes confidence in the employer’s ability to protect workers and reduce absenteeism.

Employers should ensure that their workers understand:
- Differences between seasonal epidemics and worldwide pandemic disease outbreaks.
- Which job activities may put them at risk for exposure to sources of infection.
- What options may be available for working remotely, or utilizing an employer’s flexible leave policy when they are sick.
- Social distancing strategies, including avoiding close physical contact (e.g., shaking hands and large gatherings of people).
- Good hygiene and appropriate disinfection practices.
- What personal protective equipment (PPE) is available, and how to use, store, clean and dispose of it properly.
- What medical services (e.g., vaccination, post-exposure medication) may be available to them.
- How supervisors will provide updated pandemic-related communications, and whom to direct their questions.

Guidance on Preparing Workplaces for COVID-19

OSHA 3990-03 2020

Principles of worker protection:
- Consistently practice social distancing.
- Cover coughs and sneezes.
- Maintain hand hygiene.
- Clean surfaces frequently.

Training

Following the Centers for Disease Control and Prevention (CDC) recommendations, employers should provide worker training on infection control, including the importance of avoiding close contact (within 6 feet) with others. Employers should provide adequate supplies and readily accessible soap and sanitizing hand rub to maintain hand hygiene. Employers should provide eye protection and respiratory protection, including masks and cleaning agents. Some workplaces may need PPE (e.g., gloves, face-shields, and respirators). Frequent visual and verbal reminders to workers can improve compliance with hand hygiene practices and that reduce rate of infection. Handwashing posters are available from the CDC: www.cdc.gov/handwashing.

Control Measures

Employees may modify the work environment and/or change work practices to provide additional protection to workers and clients. For example, employers may install physical barriers (e.g., clear plastic sneeze guards), conduct business in a different manner (e.g., use drive-through service windows), implement telework arrangements, improve ventilation (e.g., install high-efficiency air filters, increase ventilation rates), install additional hand hygiene sinks, and provide additional supplies. Employers should consider the feasibility of social distancing and ensure that workers maintain a minimum of 6 feet apart (e.g., through the use of plastic sneeze guards) to minimize the risk of infection.

Prevent Worker Exposure to Coronavirus (COVID-19)

The novel coronavirus (officially called COVID-19) is believed to spread from person to person, primarily through respiratory droplets produced when an infected person coughs or sneezes. The virus is also believed to spread by touching a surface or object and then touching one’s mouth, nose, or possibly the eye.

Employers and workers should follow these general practices to help prevent exposure to coronavirus:
- Frequent wash your hands with soap and water for at least 20 seconds.
- If soap and running water are not available, use an alcohol-based hand rub that contains at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

Employers of workers with potential occupational exposures to coronavirus should follow these practices:
- Assess the hazards to which workers may be exposed.
- Evaluate the risk of exposure.
- Select, provide, and ensure workers use controls to prevent exposure, including physical barriers to control the spread of the virus; social distancing; and appropriate personal protective equipment, hygiene, and cleaning supplies.

For the latest information on the symptoms, prevention, and treatment of coronavirus, visit the Centers for Disease Control and Prevention coronavirus webpage.

For interim guidance and other resources on protecting workers from coronavirus, visit OSHA’s COVID-19 webpage.
COVID-19 or Other Public Health Emergencies

The Wage and Hour Division provides information on common issues employers and employees face when responding to influenza, pandemics, or other public health emergencies, and their effects on wages and hours worked under the Fair Labor Standards Act and job-protected leave under the Family and Medical Leave Act.

- COVID-19 or Other Public Health Emergencies and the Fair Labor Standards Act: Questions and Answers
- COVID-19 or Other Public Health Emergencies and the Family and Medical Leave Act: Questions and Answers

For further information about Coronavirus, please visit the HHS's Centers for Disease Control and Prevention.

Practical advice re:
- Employer’s obligations
- Working from home
- Requiring a doctor’s note
- Sick leave policies
- Preventing abuse of leave
- Caring for sick children
COVID-19 Information for Employers, Business

General Resources
Industry Guidance
Respiratory Protection

General Resources
• Pandemic preparedness resources (CDC)
3 March 2020

Getting your workplace ready for COVID-19

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China, to be a Public Health Emergency of International Concern (PHEIC). WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and Public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long-term success cannot be taken for granted. All sections of our society – including businesses and employers – must play a role if we are to stop the spread of this disease.

How COVID-19 spreads

When someone who has COVID-19 coughs or exhales, they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People can catch COVID-19 by touching contaminated surfaces or objects - and then touching their eyes, nose or mouth. If they are standing within 1 metre of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu. Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and require hospital care. Risk of serious illness increases with age, and people over 60 seem to be more vulnerable than those under 40. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

This document gives advice on:

1. Simple ways to prevent the spread of COVID-19
2. How to manage COVID-19 risks when organizing meetings & events
3. Things to consider when you and your employees travel
4. Getting your workplace ready in case COVID-19 arrives in your community

Simple ways to prevent the spread of COVID-19 in your workplace

The low-cost measures below will help prevent the spread of infections in your workplace, such as colds, flu and stomach bugs, and protect your customers, contractors and employees.

Employers should start doing these things now, even if COVID-19 has not arrived in the communities where they operate. They can readily reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of your workplaces.

• Make sure your workplaces are clean and hygienic

Coping with stress during the 2019-nCoV outbreak

It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking to people you trust can help. Contact your friends and family.

Don't use smoking, alcohol or other drugs to deal with your emotions.

Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website or a local or state public health agency.

Limit worry and agitation by lessening the time you and your family spend watching or listening to media coverage that you perceive as upsetting.

The following are strategies that have helped people to manage previous life’s adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.

Preventive measures for COVID-19 disease

Based on the available evidence, the COVID-19 virus is transmitted from person to person through droplets and, by airborne transmission. The people most at risk of infection are those who are in close contact with an infected person.

Preventive and management measures should be taken in healthcare and community settings. The most effective preventive measure is to avoid close contact with an infected person, especially with an electrochemical hand that if you have a respiratory cold or a seasonal influenza influenza virus.

• Reducing touching your eyes, nose and mouth.
• Practicing respiratory hygiene by coughing or sneezing into a flexed elbow, or covering it with the hand.
• Practicing self-isolation if you are ill or if you are at high risk of being infected, such as if you have respiratory symptoms and life-threatening conditions like asthma.

Preventive actions that can help reduce the spread of COVID-19 include:

• Wearing a mask can reduce the transmission of respiratory droplets.

World Health Organization

Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)

Interim guidance

27 February 2020

Conclusions

COVID-19 is a respiratory disease that differs from their close cousins, which is transmitted through infected bodily fluids. Even if there is no vaccine, the test could be utilized for diagnosis and patient management. A vaccine (that can be directly administered to people) is not required for combating COVID-19.

Exceptions in the global supply chain of PPE

The current global market of PPE, is unbalanced, particularly for medical masks and respirators for supply of personal protective equipment (PPE) and personal protective equipment (PPE) for use within medical facilities. A vaccine for COVID-19 is not being considered due to its high cost and demand for general use and the number of patients that are susceptible to being infected.

Additional precautions are outlined for healthcare workers in specific settings: In non-healthcare settings when patients with COVID-19 disease include using PPE appropriately. This involves selecting the proper PPE and using them correctly and continuously. Even though the PPE is not effective against infection within a vaccine, it is crucial to keep the initial PPE in an environment that is likely to be contaminated with SARS-CoV-2 or influenza virus.
Other Health & Safety considerations

• Promote work from home for employees with pre-existing health conditions, older adults,

• Resources to support employees’ mental health

• Maintaining air quality

• HR policies, including work refusals
2. Communicating effectively

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CDC, Crisis & Emergency Risk Communication

6 Principles:

1. Be first
2. Be right
3. Be credible
4. Express empathy
5. Promote action
6. Show respect
Avoiding communication pitfalls

**Five pitfalls to avoid**

1. Mixed messages from multiple experts
2. Information released late
3. Paternalistic attitudes
4. Not countering rumors and myths in real-time
5. Public power struggles and confusion

Source: CDC, Crisis & Emergency Risk Communication Manual
Community (tenant) engagement

- Effective communication is always 2-way
- Listening and responding to concerns and needs
- Partnering with tenants in pandemic communication efforts
- Anticipate fear, rumors

“The overall goal of community engagement: to provide the most people with the information they need to make decisions and take actions that save lives and lead to recovery.”
3. Safeguarding your Business: Business Continuity

- What are your essential business functions, essential jobs/roles?
- Cross-train staff to perform essential functions
- Stagger work shifts to enhance social distancing
- Is there a need to suspend further programs, services, operations?
- Continue reviewing essential supplies and supplies; have backup plans
- Third-party service contracts – do your contractors have their own BCPs?
Business Continuity Resources

- Canadian Centre for Occupational Health and Safety
- Institute for Real Estate Management
- Centers for Disease Control & Prevention
What’s ahead? Planning for the Future

Figure 1. Preparedness and response framework for novel influenza A virus pandemics: CDC intervals

Source: CDC, Pandemic Intervals Framework
Our best possible future

Source: CDC, Community Mitigation Guidelines to Prevent Pandemic Influenza – United States, 2017

Planning for the Future

Expect and plan for subsequent waves, with varying severity levels

Source: CDC, MMWR Weekly, Update: Severe Acute Respiratory Syndrome Toronto, Canada, 2003
More to follow

- Expect to see more infectious disease outbreaks
- With increasing trade, travel, population density, human displacement, migration and deforestation, as well as climate change, a new era of the risk of epidemics has begun
- Frequency and diversity of disease outbreaks are expected to grow steadily as they have for past 30 years
Implications

• We need to include the growing risk of infectious diseases in planning

• We need to reduce our exposure to this reality to improve our resilience

• We need to look for opportunities for enhanced public-private cooperation to strengthen global health security and mitigate the potentially devastating impacts of infectious disease, in both human and economic terms.
Finally, this could take a while: U.S. Government Planning Assumptions

- Pandemic can last 18 months or longer
- Could include multiple waves of illness
- Supply chain and transportation impacts
- COVID-19 outbreak will likely result in significant shortages for government, private sector, and individual consumers
Planning Implications

**Government Assumptions**
- Pandemic can last 18 months or longer
- Could include multiple waves of illness
- Supply chain and transportation impacts
- COVID-19 outbreak will likely result in significant shortages for government, private sector, and individual consumers

**Your Considerations**
- How can your business adapt to long-term?
- Need to plan staffing for round 2 of illness
- Have ongoing conversations with suppliers
- What is your plan to cope with expected shortages?
The good news: Recovery will happen

- What’s your Recovery plan?
- Which programs, services will resume first?
- Continuing provision of coping resources for stakeholders
- How, what, and to whom will you communicate when emergency is over?
- **Conduct stakeholder debrief sessions** – identify what went well, gaps, what needs to be improved
- **After-Action reports** – how will you amend procedures, plans & protocols based on what you have learned? Communicate these to staff
- Find ways to share your findings with the industry

**ACTION NOW:** Document everything during pandemic response – don’t forget what you did and learned!
Thank you!

ARE YOU READY?

Bazak Consulting
learn. plan. prepare

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Q&A

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Upcoming Confronting COVID-19 Webinars | Tuesdays at 1 pm

March 31: Healthy Buildings; Optimizing Mental Health

Joseph Allen
Assistant Professor, Harvard T.H. Chan School of Public Health

Joanna Frank
Executive Director, Center for Active Design

April 7: Considerations for Multifamily Buildings

April 14: TBD

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