

## CI COVID Town Hall 4/2/20 Notes

*32 connections to the call*

**These are some notes from the online town hall for general reference**

**\*\*\* accuracy has not been confirmed \*\*\***

### Questions/comments since 3/26 call, including those submitted in the chat:

- All the technicians here have the option to go home and opt out of work until April 14 with full pay. Fortunately, they have all agreed to report to work every day as usual. My question is whether your institution is providing or considering additional monetary compensation for those who can stay at home, but choose to voluntarily come to work? Please email me at your convenience if you have input. breader@discovernewfields.org
- What is everyone doing for energy savings – we have found that shutting down non gallery/vault/conservation fans, leaving lights off and putting all critical systems in Unoccupied mode we are saving 30% – 35% on electricity.
- How is everyone approaching monthly required inspections (fire life and safety) sprinkler / fire panel / elevator, etc.?
- How/what do you communicate out if someone in your institution comes down with the virus? Is it up to the person who becomes ill, does HR send a message out that someone in the \_\_\_ Department has the virus, how do you check for who may have been in contact with them over the past 14 days?
- Goodway makes mist cleaning system that is CO2 powered, used mostly in industrial applications (not cheap)

**Today we are fortunate to have Anne McDonough, MD, medial officer for Smithsonian to answer questions. She practices occupational and environmental medicine and is also their public health emergency officer.**

Anne has been looking at risk, person to person, how to deal with each other, response to incidents safely, protecting high risk people from the threat. The biggest piece is how you communicate with your people, keep them calm, esp. those that are essential.

Towards end of Jan, they started looking at what was happening and saw growing threat, started activating emergency plan and mobilized a team. Had a resource account to get all the questions from across the institution because the US has not had a pandemic in ~ 100 years. This gave them a good sense of what people were concerned about, so they could get in touch with facility folks to respond appropriately for this event. The initial actions were the default ones used: shut down, limit who/how they come in.

This particular virus is not very stable in the environment so more appropriate and cost-effective response has been to close areas for 72 hours vs. disinfecting with chemicals (based on 3 peer review studies). 24 hours is effective for many surfaces. Viral RNA can last longer but that is not infectious virus, just traces it was present.

Question: Is there a difference in cold water washing vs warm water washing? The main thing is washing hands with soap because virus has fatty envelope, so soap and warmer water is marginally better but cold water is ok.

Question: Asymptomatic exposure? This is more the realm of what we think but do not know for sure. For a virus with large amount of community spread, it is most likely that it is spread before people get sick. This is similar to the flu - period of time before you get sick when you can spread it. Also, a lot of people do not get very sick, so you may have minor symptoms and be contagious but not obviously so. Wearing a mask is to minimize what you spread - not to protect you. She will not be surprised to see CDC come out and suggest wearing bandana as reasonable measure.

Question: Should special measures be taken with air handler systems? This is not thought to be a truly airborne, rather it is droplets that transmit the virus so there is a limited range. (Measles are airborne and will hang in the air for long time.) COVID-19 thought to travel about 6' and then drops or becomes too dry - still might be able to pick up from a surface. In health care setting some treatments will make it airborne and they have found RNA in the filters of treatment rooms. Disinfecting capabilities in HVAC system will kill transmitted viruses but very low probability this virus infects through systems.

Question: Guidelines for notification when you have a staff person test positive? Follow normal principles of communication - people's privacy still matters and you want to not incite fear and speculation. Right now, only folks directly in contact with an infected person should go into quarantine - not secondary (contact with contact). Maybe notify those in contact with the infected person with "it has come to our attention that you have come into contact with someone who has diagnosed positive, but do not release the name." They also broadcast across on museum's staff that "we had a positive case but if no-one called you then you were not exposed." Ask infected person for those who were in close contact in past 4-5 days. (It takes 14 days at the longest to develop symptoms, so virus has to build up to certain level before you get sick and most people get sick in 4-5 days and probably only infectious for a day prior) Use 6' distance as close contact - face to face not just walking past. (CDC says "prolonged contact" which SI interprets as a face to face discussion of a few minutes - could include security personnel if they chat with person.) Wiping horizontal surfaces and high touch surfaces after infectious case is advised

Question: Will changing the setpoints make a difference? Minor changes in humidity and temperature do not seem to have significant impact on survival duration.

Question: If we shut down air handlers to save energy, should we increase air changes thru the space when occupied? The issue is more about how many droplets are concentrated in an area (volume of air) - use body heat as gauge for how much air exchange to have.

Question: What about getting on an elevator? Use the stairs if at all possible, ask others to wait while you practice social distance, etc.

Question: If you are wearing N95 mask, how often to replace? Typically recommended to use a mask for one shift or until it is wet, soiled, dirty. CDC and OSHA have put out guidelines about re-use. It is not recommended outside of health care, often because not fit properly and not used effectively. If you are wearing to protect from mold and lead dust, continue to use as appropriate for that purpose – can clean masks uses for COVID-19 but that would not remove lead dust residue.

Question: What should be get ready for anticipating re-entry and re-opening facilities will occur at some point, but virus will still be in environment. She expects we will see demand for more frequent and visible cleaning of high touch surfaces, also interactive exhibits, changes in way people use PPE, and measure to make public feel safe coming back into buildings such as increase in air exchange.

**NOTE: Next week in this time slot IAMFA will host a Zoom call with Anne and their Emergency Management Director.**

Question: Fire panels have to be inspected daily in Canada, certified by qualified outside contractors- how is everyone doing that with social distance?

Exploratorium: have one of their operation managers doing daily walk thru and doing any necessary actions such as check panel, pump run, etc.

Phila Art: have contractors do temperature check, escort keeps safe distance but do as normal

Clark: request same person who comes from provider with related rules for security to allow social distance

Museum Boston: use questionnaire before site access, required to wear PPE (masks to protect staff) and follow CDC guidelines, schedule with security and try not to overlap, only doing what is required

Question: If staff comes in, should we limit the length of their shift?

Clark been brining one mechanic in for 4 hours/day for daily rounds and one cleaner cleaning occupied areas. Would think that minimum duration is prudent. Put cleaning stations out for self-service also, especially at entries.

Carter cut housekeeping staff to 3 hours 2 days/week, only clean those spaces that have been occupied.