



## Important Information About COVID-19 (Coronavirus)

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### Basic Information About Coronavirus

Coronaviruses are a type of organism that often cause respiratory diseases in people and animals. In the fall of 2019 a new mutation of a coronavirus was first detected in China. The new variation was soon recognized to have properties similar to the 2003 coronavirus that led to the description of Severe Acute Respiratory Syndrome (SARS). As such, the virus was named “SARS-CoV-2” by the World Health Organization (WHO). Exposure to SARS-CoV-2 can lead to a specific form of illness characterized by very high fever and dry cough named “coronavirus disease 2019” - abbreviated “COVID-19”.

Within months of its identification, despite extensive efforts at containment, COVID-19 spread around the globe and was declared by the World Health Organization to be a “pandemic”; a world-wide epidemic of an illness for which people have no natural immunity. To address the risk, significant efforts are being directed at developing a vaccine. However, as of the published date of this document, no such preventative medicine is available. According to the Centers for Disease Control and Prevention (CDC) “Nonpharmaceutical intervention would be the most important response strategy” to COVID-19. Their pronouncement means that infection control and home care of the affected are the key response measures.

It is noted that older adults, particularly those with weakened immune systems and underlying health problems, are at a higher risk for severe COVID-19 associated illness. This means that medical facilities and eldercare accommodations are especially vulnerable to outbreaks.

### Infection Control Principles

Decades of scientific studies and practical experience have shown that effective control of infectious agents in the population requires a nearly equal combination of adjusting people’s behavior and taking additional steps to stop the spread of contamination from surfaces. This dual approach to infection control is necessary for COVID-19, as the best available information indicates that it is spread both by direct exposure to the droplets aerosolized when an infected individual coughs or sneezes and by secondary exposure of uninfected people to objects and surfaces with residual viral particles.

Secondary exposure is likely more of a problem with COVID-19 than the normal flu as some early reports from the CDC indicate that the virus may remain viable on nonporous surfaces for up to nine days as compared to one-three days for normal influenza viruses. The recommendations in this document are designed to address secondary human transmission through the cleaning of facilities to prevent the spread of the virus from surfaces within buildings. While the exact extent of disease transmission from contact with surfaces is currently unknown, initial indications are that prolonged exposure to contaminated surfaces does lead to higher infection rates. Therefore, cleaning surfaces and applying a disinfectant are important risk mitigation techniques.

During past viral outbreaks the behavior component of the infection control process has been voluntary. Individuals are reminded to stay home if they are sick, educated to cover their cough and sneeze, and encouraged to wash their hands frequently. This voluntary approach has been supplemented with CDC suggested cancellations of activities that would bring large numbers of people into close proximity; including closure of schools, colleges, sporting events and amusement venues. Containment efforts have also resulted in authorities closing bars and restaurants in many states, along with enactment of international travel restrictions.



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While these measures to adjust behavior will hopefully slow the spread of the virus, such efforts need to be matched with practices proven to minimize secondary transmission. Restoration contractors must emphasize to their clients that actions taken to reduce exposure from secondary transmission from surfaces with reservoirs of viral material must be matched with procedures to prevent recontamination. Cleaned and treated surfaces can become recontaminated in minutes if an infected individual is present and sneezes or coughs without controlling the droplet spread.

### Potential Services

With the proper training, equipment, supplies and personal protective gear, restoration contractors who have experience dealing with other hazardous microorganisms, such as sewage mitigation and mold remediation, can offer valuable services to combat COVID-19. The most basic service will likely be enhanced cleaning of touchpoints and application of disinfectants to other surfaces. It is important that the restoration contractor communicate clearly and use consistent terminology when describing the services. Because **no currently available antimicrobial has been tested against the SARS-CoV-2** (see section below on Pre-work Preparations for additional details), it is important to use the verbiage to **“clean and apply disinfectant”** rather than “clean and disinfect.” With no validation of a product’s effectiveness for this particular virus, there is no way for the contractor to know if the appropriate level of microbial reduction has been reached in order to meet the definition of the term “clean and disinfect”. As such, contractors are offering a service to clean and apply an appropriate EPA registered disinfectant in accordance with the application directions provided by the master label.

**Even with that distinction in language, it is clear that the cleaning of touchpoints and specialized treatment involving application of disinfectant is an essential service.** HEPA vacuuming and the use of HEPA filtered equipment such as air scrubbers can also improve the environment by reducing the level of airborne particulate. The removal of aerosolized particulate during the cleaning process may further improve the overall cleaning efficacy and reduce risk.

### Pre-work Preparations

At a minimum, contractors should review their general liability, contractor’s pollution liability, professional liability, and workers’ compensation policies with an experienced agent or broker to determine if:

- 1) There is a communicable disease exclusion;
- 2) There is a separate exclusion for virus or microbial matter;
- 3) The cleaning and applying of disinfectant constitutes a material change in the insured risk;
- 4) The cleaning and applying of disinfection for viral control is specifically covered, or at least not specifically excluded;
- 5) The full scope of offered services is covered.

### Cleaning of Touchpoints

The first step in cleaning and sanitizing to break the chain of COVID-19 illnesses from secondary surfaces is to remove soil and other surface contaminants. Emphasis should be placed on cleaning surfaces more likely to be touched by occupants; commonly referred to as touchpoints. Since people are not precise when touching objects, touchpoint cleaning should extend past the focused item 3-12 inches. Common touchpoints include, but are not limited to, door knobs and locks, door push bars, door edges and jambs on the side opposite the hinges, stair and ramp hand railings, cupboard handles and drawer pulls, appliance handles, light switches, table and desktops, telephones, toilet seats and



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flush handles, faucet handles, soap pumps, keyboards and mice, elevator buttons, credit card keypads, vending machine buttons, equipment controls, television remote controls, chair armrests, bedrails, and countertops.

Touchpoints will also vary by the type of facility being cleaned. Pew tops and armrests, communion rails, confessional kneelers, altars, and holy water dispensers are touchpoints that need cleaning in churches. Toys, books, and teaching supplies will need attention in schools. Medical facilities will require an additional focus on wheel chair handles and wheel grips, computer stations, IV poles, divider curtains, blood pressure equipment, bed stands, food delivery carts, laundry and trash containers, and nurse call buttons. While not a touchpoint that typically gets addressed by the restoration contractor, clients should be advised to remind occupants to frequently clean their cell phones and other mobile devices during pandemics and times of increased disease transmission.

Typically, a trigger sprayer and a wiping cloth are used for cleaning most touchpoints. In that circumstance, spraying the cloth and then wiping is preferable to spraying the surface.

If it is an allowable application method under the EPA registration for the particular chemical, substituting pump up devices that deliver the chemical product as a foam is a technique that has multiple advantages over a sprayer for cleaning touchpoints. A foam application allows the worker to see what has been covered, allows the product to stay on the surface longer without drying, and uses significantly less of the cleaning product. For facilities with a large number of desks, tables, or counters, using a foam applicator and squeegee to remove the residue into a rag or disposable towel is another efficient cleaning method.

The specific examples provided in this section should not be considered the best methods as each situation presents its own challenges. Each project should be evaluated for procedure and methods that are appropriate to meet the goals of the client. Proper touchpoint cleaning includes developing a facility specific checklist of critical touchpoints, providing the checklist to workers with training on the particular products and application methods to be used, and allowing adequate dwell time for the cleaner/sanitizer. Additionally, appropriate supervision of the cleaning activities, as well as post cleaning evaluation (see section below on Post-work Project Evaluation for additional details) must be part of proper touchpoint cleaning.

***Emergency & Mold Specialists is licensed and insured by the State of Florida to perform the duties needed to help you, your family, and your businesses stay safe from the Coronavirus. If you have further questions, or would like our assistance, please call us at (239) 789-1123.***

