



COVID-19 RESOURCES FOR CLIENTS

PROJECT RESTART WEBCAST

Q&A Follow-Up



Q. How does disinfection vs. decontamination work on a ground-up job (in an open-air environment where there are no conventional surfaces to clean)?

It really matters if those areas of the project you're thinking about are medium to high touchpoints. If they are considered low, and there are no positive cases onsite, the need for any decontamination would be low (grass/natural direct rocks etc.) Regarding artificial surfaces, where the chemical(s) can be applied and remain on the infected surface, it is a little easier and would be worth the effort.

Q. Do chemicals that would be sprayed affect LEED requirements for interior build outs? LEED projects are very strict with regard to adhesives etc. so I'm curious how if at all this would be affected.

For LEED, there is very little information. There have been a couple reports suggesting certain chemicals on the CDC list are 'safer.' However, the chemicals don't stay behind. They are either wiped off, evaporate, or removed by other physically means. They don't 'stay,'" in the same way an adhesive does. I would suggest contacting an LEED expert for more details.

Q. Are Far UV-C lights effective for disinfecting PPE?

In a general sense, UV Light effectively kills COVID-19. The trouble is that the UV light only kills what is in its direct path. So it would be difficult to determine if it effectively decontaminates porous, layered PPE such as gloves or an N95 Mask. The virus could be entwined in the fibers, out of contact with the UV Light.

Q. Have there been cases of false-positives or false-negative COVID-19 test results, and how would you suggest we prepare for responses to false-negatives specifically?

A negative test simply means that at that moment in time, there were no antibodies in the person's blood. If illness is still suspected, it would be reasonable to check again in a few days. In the cases where there are symptoms and no antibodies, the doctor would have justification for advising that the person has a flulike condition, but not COVID-19. Antibodies are present if the body is either fighting or has already fought the disease. Potential for false-negatives might be more of a concern with swab tests that look for signs of the actual virus cell.

.....

Q. As a subcontractor, what should our company do when we are informed someone from another trade tests positive? We put in place our employees need to self-quarantine for 2 weeks if exposed.

We as a subcontractor have no control over other trades or the GC's policy, which across various jobs differs in many ways. As a subcontractor, you have to do what the owner and/or GC have in their policy. Our experience so far has been that the test is giving people a tool to take to their doctor to get released back to work. This means, they might not have to wait 14 days with no symptoms. If a coworker gets results back from a lab test, then they have been positive for several days. Usually, this means that the exposure to other workers is at least seven days old, so we can test other workers to give the GC/owner/doctors sufficient evidence to allow asymptomatic workers to stay at work.

.....

Q. If OSHA says N95s should be saved for medical workers, what is the appropriate protection for a gate worker to record names (for tracing) and take temperatures (to turn around)?

Our temperature takers are mostly wearing reusable ½ face respirators with P100 filters. This is to save inventory of masks, and it gives far more than minimum protection. Minimum protection would be any mask that comfortably covers the person's face. Site rules will often dictate the type of mask required.

.....

Q. Regarding blood testing, would protocol dictate that anyone with COVID-19 antibodies be denied site access?

Most of the time, the presence of antibodies indicates immunity so the opposite would be true. We recommend that the worker take the results to their doctor, either in person or on video, and ask to be released to work based on the fact that antibodies are present, likely indicating immunity.

Q. What if a worker has a family member at home with a fever, would you let them work that day?

A. A family member at home with a fever would be a possible exposure. This would be a good time to use the antibody test.

.....

Q. What is the protocol when social distancing is not possible? Such as using an elevator to access the site.

Proper spacing in elevators is difficult, but perhaps not impossible. GCs need to plan shifts, possibly stagger starts, tell operators to control the numbers of people on elevators, wear masks, maintain separation, require using stairs for those working on lower floors, maybe only allow someone with loads over 25 lbs. or rolling carts, etc.. Similar planning (extra shifts, earlier starts) will be necessary for interiors work in occupied buildings with freight elevators. Loading docks are already a source of delays for interiors contractors. Lots of planning similar to the above will be necessary to relieve backups to the fullest extent possible.

Should you have any questions or concerns, **please engage your local Alliant contact immediately** or you can visit:

<https://insurance.alliant.com/COVID19-questions>

Alliant note and disclaimer: This document is designed to provide general information and guidance. Please note that prior to implementation your legal counsel should review all details or policy information. Alliant Insurance Services does not provide legal advice or legal opinions. If a legal opinion is needed, please seek the services of your own legal advisor or ask Alliant Insurance Services for a referral. This document is provided on an "as is" basis without any warranty of any kind. Alliant Insurance Services disclaims any liability for any loss or damage from reliance on this document.