



FAQ'S FROM OUR BUILDING RE-OCCUPANCY WEBINAR

During our recent [COVID-19 Building Re-Occupancy for the Real Estate Sector Webinar](#) we had a variety of questions from our audience. Unfortunately, due to the volume of questions and limited time of our webinar, we were unable to address some the important questions. To help clarify some of the frequently asked questions we received, we've decided to outline them here and provide a response.

Q: Is using UV-C lighting a good method for disinfecting a room?

A: UV-C technology is unproven on COVID-19, and Pinchin Ltd. does not recommend it at this time.

Q: How effective is screening for temperature, given how people can be asymptomatic? Is this initiative worth implementing in an office environment?

A: Screening an employee's temperature can be part of your tool kit. It does have it's limitations, but used in conjunction with other tools like a questionnaire or signage, it can be effective.

Q: Given the low risk of COVID-19 being airborne, do you recommend increasing the ventilation in a building or changing the filters more often?

A: As stated in the [ASHRAE Journal, May 2020](#) article: Once the basics are covered, a few actions related to HVAC systems are suggested, in case some spread of the virus can be affected:

- Increase outdoor air ventilation (use caution in highly polluted areas); with a lower population in the building, this increases the effective dilution ventilation per person.
 - Disable demand-controlled ventilation (DCV).
 - Further open minimum outdoor air dampers, as high as 100%, thus eliminating recirculation (in the mild weather season, this need not affect thermal comfort or humidity, but clearly becomes more difficult in extreme weather).
- Improve central¹⁰ air filtration to the MERV-13¹¹ or the highest compatible with the filter rack, and seal edges of the filter¹² to limit bypass.
- Keep systems running longer hours, if possible 24/7, to enhance the two actions above.
- Consider portable room air cleaners with HEPA filters.
- Consider UVGI (ultraviolet germicidal irradiation), protecting occupants from radiation,¹³ particularly in high-risk spaces such as waiting rooms, prisons and shelters.



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Q: Given that the virus can find it's way into our body via the eyes, should eye protection or face shields be part of the PPE used?

A: Yes it should depending on the risk. For cleaners, it would be appropriate to use goggles and in healthcare settings, goggles and a faceshields should be part of your PPE.

Q: What is the verification point for cleaning and disinfection?

A: This depends on the type of verification you choose, ie: Visual, Bacteria testing, ATP, etc.

Q: What is the benefit of humidity control in a building?

A: As stated in the [ASHRAE Position Document on Infectious Aerosols, April 14th, 2020](#) - it is less likely that COVID can be transferred if a building's relative humidity is kept between 40% - 60%.

Q: What is the recommended approach for maintaining physical distancing in an elevator?

A: This depends largely on the size of the elevator, but generally one person in each corner, wearing a mask and facing the wall.

Q: COVID particles are said to be 1 micron in size and can piggy back on other particles. Would this not make it air borne and therefore a mechanical concern?

A: There has not yet been enough study on the airborne risk. It is still believed that the major source is from droplets.

Q: Are there touchless technologies that we can look into implementing in our buildings?

A: There are new touchless technologies coming out every day for everything from toilet flushing to hand washing. Now is a great time to shop around.

Q: Is fogging disinfectants an effective cleaning method?

A: The [AIHA](#) & [US EPA](#) discourages the use of fogging for COVID-19 cleanup.

Q: How accurate is a electrostatic cleaning machine?

A: These technologies are as good as the person running them. Proper contact times and appropriate coverage is still required.