



TA NA HOMLU' I ISLA-TA

LET'S HEAL OUR ISLAND

Mary P. Rhodes, Guam Hotel & Restaurant Association
Hoa V. Nguyen, American Medical Center



Comprehensive Community Based Initiative

*Integrating science, best practices, and community collaboration-
This public-private partnership brings together our leaders to pilot
a comprehensive community born initiative to keep Guam open.*

Goals:

1. Stop the Spread – **Save Lives**
2. Get Guam Open – **Get People Working**
3. Prove this Works – **A Solution that balances science and cost**

NOW we are
OPEN
-support local businesses-

COLLABORATION CHART

INSTITUTION & ROLE



THE BIG PICTURE



Public – Private Partnership to integrate and implement programs to service as scalable solution for our community.

PARTICIPANTS

3 Month Pilot

Participants will be selected on:

- established criteria
- agreeance to pilot program requirements
- contribution of private resources & administrative infrastructure



Surveillance Survey

Asymptomatic

10,000 minimum

Participants to include

Employer Groups

(Employees, Vendors, Customers)
(Same Households as an option)

Possible Mix of Industries

Hotels

Restaurants

Airport / Port

Airlines

Banks

Wholesalers

Retailers

Supermarkets

Telecommunications

Insurance

Petroleum

Private Security

Construction

Corrections

Transportation

Utilities

UOG/GCC-Healthcare

Public Safety

THE PLAN

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Health & Safety Protocols Education & Training

- Guam Safe Certified
 - Comprehensive health & safety protocols and training program
 - Best practices that meet standards of:
 - DPHSS, CDC and other resources
 - Tie in with the WTTC #SafeTravels
 - Partnership with GVB
- Certifications: GHRA with UOG, GCC and the GCA Trades Academy
- Training, resources & support

Risk Assessment / Containment Management

- Risk Assessment & Inspection
- Review health & safety protocols
- Create/Update:
 - COVID-19/Pandemic Plan
 - Contact Tracing Protocols
 - Engineering & Admin controls
 - Workplace Modifications
 - Cleaning & Disinfecting Protocols
 - Crisis Communication Plan
 - Re-opening & Closure Plan
 - Self Audits and Inspection Checklists
- Regular follow-up on compliance & Community Outreach (assist DEH)
- Training, resources & support

Clinical Rapid Testing & Surveillance

- Partner Clinic w/ Clia Certificate of Waiver
 - Seroprevalence Surveillance (Rapid Tests)
 - Initial screening for workplace employees (Antibody Test)
 - Screening every 2 months with Antibody
 - Regular random sample testing (15% every 7-14 days - Antigen Test)
 - Positive Tests - directed by clinic
 - Digital data platform, coordinate protocols with DPHSS, ensure privacy
- Universal protocols for Rapid Testing and Reporting (DPHSS collaboration)
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HEALTH & SAFETY PROTOCOLS

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RISK ASSESSMENT



Risk Assessment / Containment Management

- Risk Assessment & Inspection
- Assess current health & safety protocols
- Create/Update:
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Returning safely [iosh.com/returningsafely](https://www.iosh.com/returningsafely)



Institution of Occupational
Safety and Health

In partnership with



Covid-19 risk assessment guidance

As isolation is eased and people return to work, governments may require organisations to complete risk assessments as part of the permission to resume normal service. This guide suggests how this could be achieved.

For ease of description, this guidance focusses on producing a separate risk assessment for Covid-19. It is equally valid, however, to amend existing risk assessments of activities by using the information prompted in this guide.

Risk assessment covering exposure to Covid-19 will be different from one organisation to another. Healthcare workers, retail cashiers, home delivery drivers, utility engineers and construction workers have different exposure to this risk. The purpose of this guide is therefore to pose the questions that need to be asked so that appropriate risk assessments may be created in all industries. We have not provided a recommended template for this assessment, but instead used headings that are common in most organisation's risk assessments so that the information can be easily transferred and recorded.

Context

Before a risk assessment is undertaken, the assessor must first ask who is doing what and how, where they are doing it, why they are doing it and what they are using. Understanding the tasks or activities is vital to assess exposure and to qualify any subsequent control decisions.

Risk assessment

Hazard

The risk assessment must recognise the virus as a hazard. It should also reflect that the virus is spread in minute water droplets that are expelled from the body through sneezing, coughing, talking and breathing. The virus can be transferred to the hands and from there to surfaces. It can survive on surfaces for a period after transfer (depending on such things as the surface type, its moisture content and temperature). The risk assessment should conclude that if it is passed from one person to another, while many survive infection, some may die from the disease. It should be regarded as a high hazard.

Likelihood

Exposure

Consideration must be given to how exposed people are. There is a host of questions to consider:

- While at work how might employees meet people with the disease, how frequently and for how long?
- How do employees travel to work and does this expose them to public crowds?
- Do you know which employees have vulnerable medical conditions that make them more susceptible to the disease? How do you capture this information?

- Do you know which employees have people in their households who may have increased exposure to the disease?
- If someone in an employee's household must isolate, what will you require your employee to do?
- Where are employees meeting people who may have the disease and does this increase exposure (e.g. in a confined space, in a well-ventilated environment or outside)?

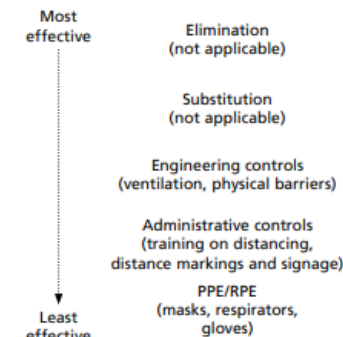
Once the answers to these questions are understood, controls to mitigate them can be better considered and implemented.

Control

The safety hierarchy of control can serve you well in considering what can be done. Any mitigation controls devised and implemented must reduce exposure of employees and anyone else who could be infected by your employees. Control considerations must include identification of those who may have the disease, preventative measures and what to do if you find if an employee has contracted the disease. In other words, there may be elements of management systems design to think about. Decisions about what may be done must be realistic and reasonably practicable: achievable given the resources available.

Occupational safety and health professionals will be familiar with the hierarchy of risk control.

Covid-19 hierarchy of control





**COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12**

Name of Establishment: _____ Company Name: _____

Location: _____

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance
	General Requirements		
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		Yes No
	a. Employee health, to include having a plan in place if someone is or becomes sick		Yes No
	b. Cleaning/sanitizing procedures		Yes No
	c. Social distancing and other protective measures		Yes No
2	Operates at no more than the authorized occupancy rate		Yes No
3	Prohibits the use of high touch items such as food trays		Yes No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		Yes No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		Yes No
	a. Prohibiting sick employees in the workplace		Yes No
	b. Strict handwashing practices, to include when and how		Yes No
	c. Strong procedures and practices to clean and sanitize surfaces		Yes No
	d. PIC is on site and is a certified food manager		Yes No
	Employee Health		
6	Screens employees and patrons before entering the facility		Yes No
7	Possesses adequate supplies to support healthy hygienic behaviors		Yes No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		Yes No

	Cleaning and Disinfection		
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		Yes No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		Yes No
11	Follows CDC's cleaning and disinfecting guidelines		Yes No
	Ventilation		
12	Maximizes fresh air through use of existing ventilation system		Yes No
13	Minimizes air from fans blowing from one person directly at another individual		Yes No

	Social Distancing and Other Protective Measures		
14	Implements social distancing of at least 6 feet and posting of appropriate signage		Yes No
15	Posted signage at entrance stating that no one with COVID-19 symptoms is permitted inside		Yes No
16	Appropriate physical barriers are in place for cafeteria style dining and booth seating		Yes No
17	For congregations or social gatherings:		
	a. Total number of people, including employees, do not exceed the capacity permitted in the most recent E.O. (including ballroom and private rooms)		Yes No
	b. Total number of people in each party do not exceed the number allowed for congregations or social gatherings in most recent E.O.		Yes No
18	Mandating the wearing of face mask		Yes No

RECEIVED BY (Name and Title)	DATE
DEH INSPECTOR (Name and Title)	DATE

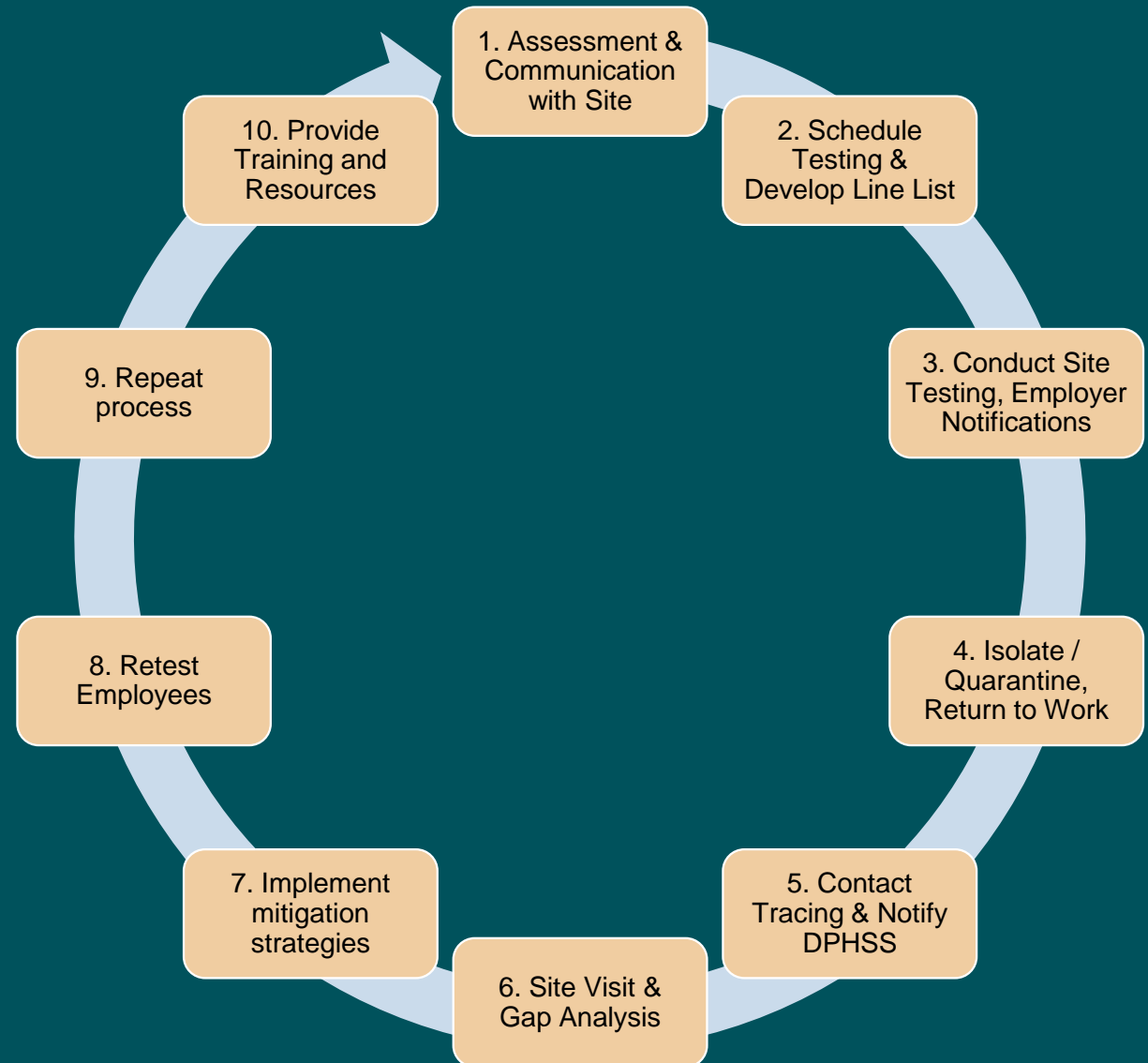
SURVEILLANCE TESTING

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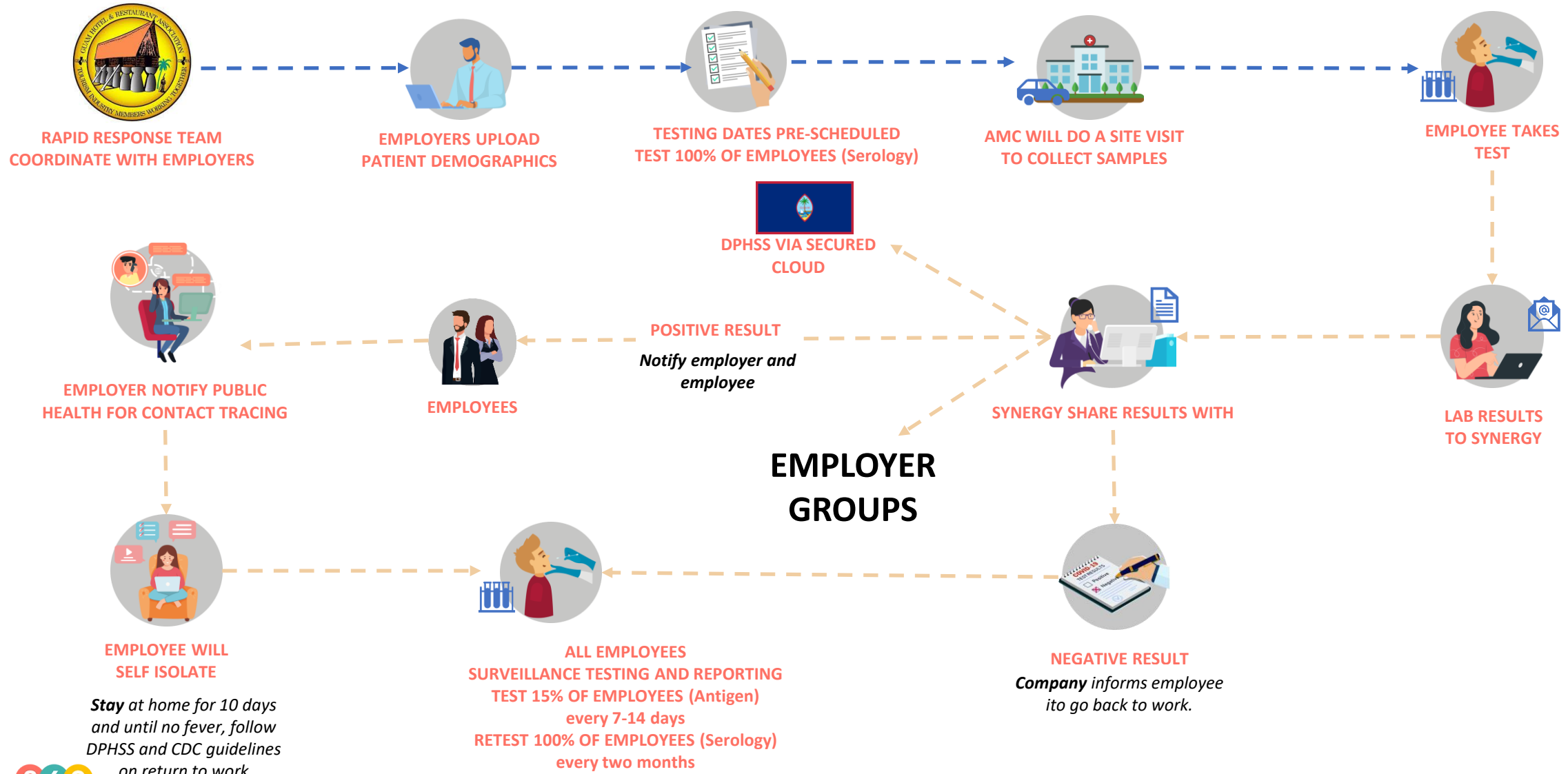
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NA LA HOMLU' I ISLA-TA PROCESS FLOW

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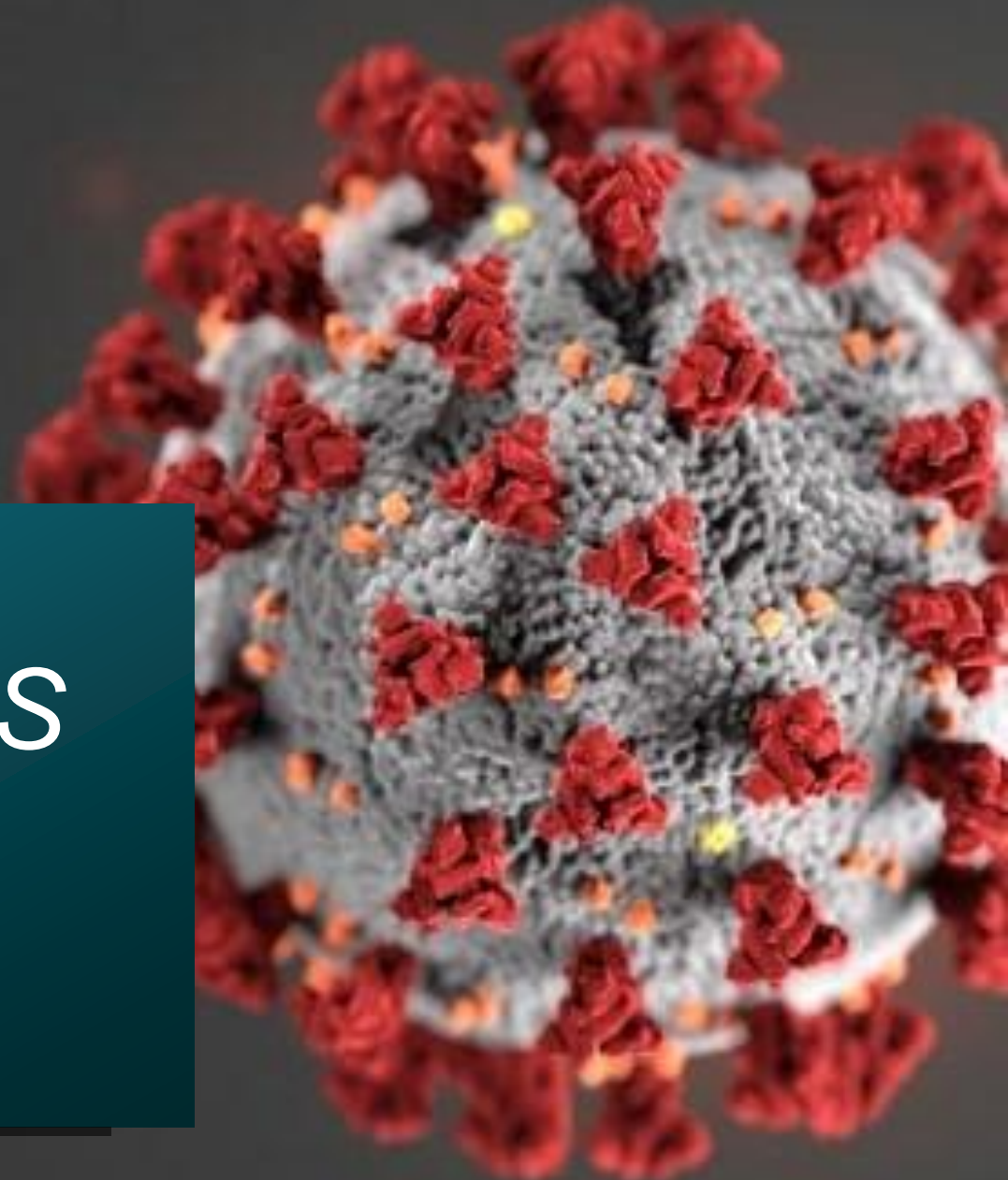


TESTING PROTOCOLS

Dr. Erika Masuda Alford

Endocrinology, Diabetes and Metabolism

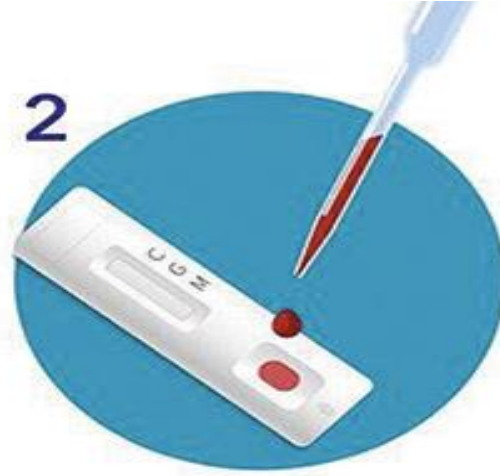
AMERICAN MEDICAL CENTER



- All symptomatic employees:
 - Immediately isolate from population
 - Conduct PCR test to confirm infection
 - Quarantine from rest of population
- For A-Symptomatic Population
 - All Employees To Be Tested using Serology Test – Anti-body Test
 - Determine who has been previously infected
 - Removed from at-risk population
 - Be allowed to continue working
 - Low risk of immediate infection
 - No immediate need to test using Antigen/PCR test
 - Determine who has not been infected (at risk population) for continued monitoring
 - Mass test 100% of employees
 - Mass test two months thereafter
- Random Rapid Antigen Test every 7-14 days for at risk population
 - 15% of workforce

IgG and IgM COVID Test Application

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COVID-19 IgG/IgM Rapid Test for antibodies detection



Invalid



Invalid



Invalid



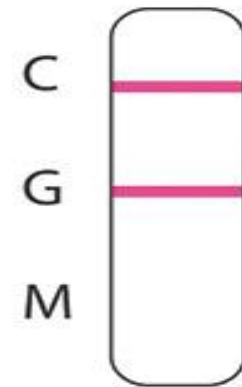
Invalid



Negative



IgM
Positive



IgG
Positive



IgM/IgG
Positive

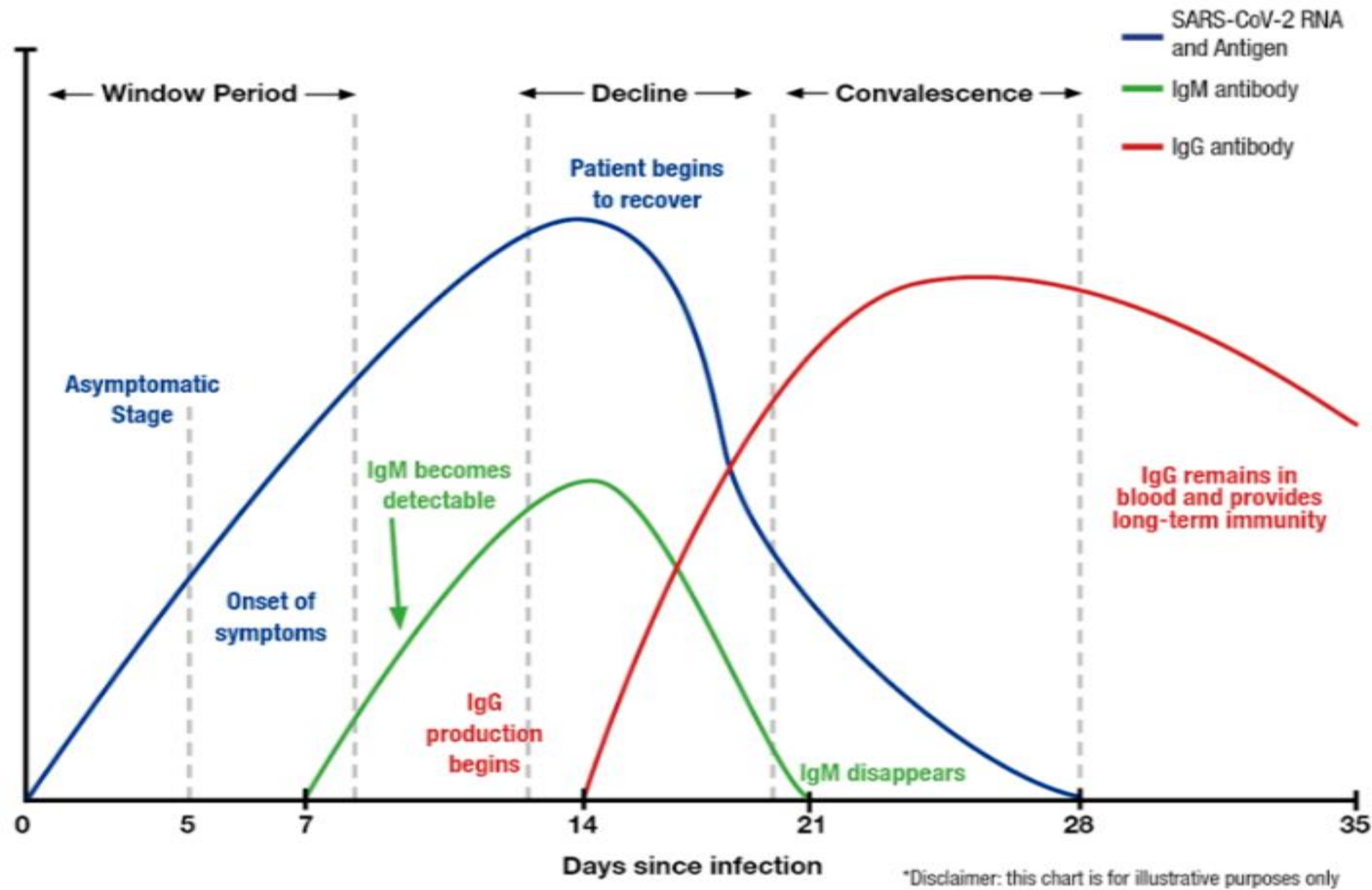


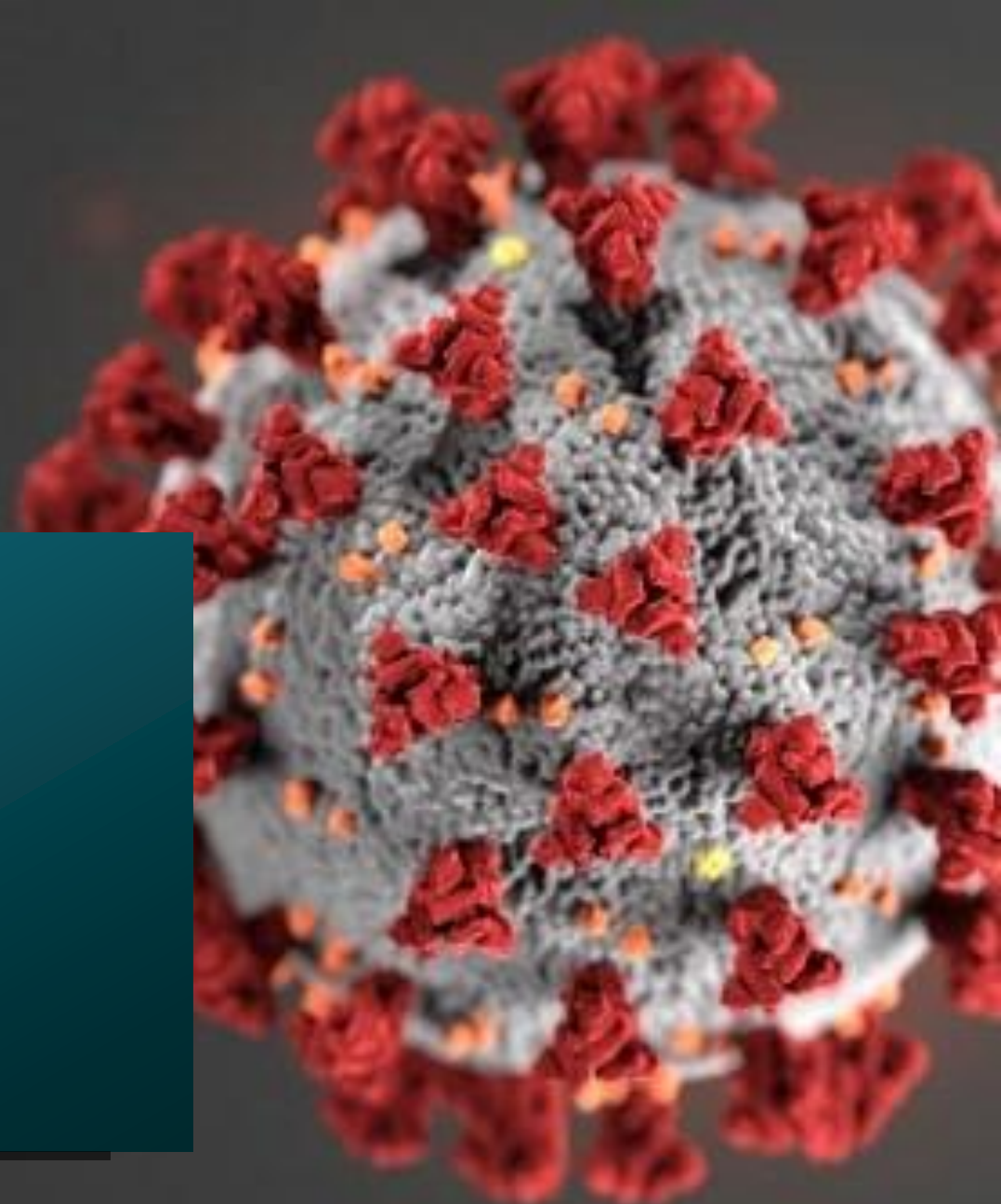
Figure 1: Variation of the Levels of SARS-CoV-2 RNA and Antigen, IgM and IgG after infection.

DIGITAL PLATFORM

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Nhan Tran, Advent Technologies

Michael Blaho, Synergy Info Connect



QUESTION & ANSWER

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