DISCLAIMER

This information is intended solely for the purpose of assisting AHLA members with top line guidance when hotels are utilized for alternate uses such as Alternate Care Sites. The information provided is obtained from publicly available sources, including federal agencies and governmental entities, member companies, other leading trade associations and consultants.

The information contained in this Playbook is general in nature and should not be considered to be medical, legal, insurance or any other professional advice. In all cases you should consult with professional advisors familiar with your particular factual situation before making any decisions.

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## PLAYBOOK OVERVIEW

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>01</strong> Use cases and guidelines</td>
<td>• Definitions of alternate uses for a hotel property&lt;br&gt;• Guidelines to determine types of alternative use/care sites a hotel property can offer the healthcare system</td>
<td>5 – 12</td>
</tr>
<tr>
<td><strong>02</strong> Non-clinical conversion and operations</td>
<td>• Details the conversion and operations of a hotel to house non-medical patients&lt;br&gt;• Information on preparing and operating a hotel property to house COVID-19 crisis responders</td>
<td>13 – 23</td>
</tr>
<tr>
<td><strong>03</strong> Clinical conversion and operations</td>
<td>• Defines the required preparation of a hotel property to house medical (COVID-19 and non-COVID-19) patients&lt;br&gt;• Guiding list of relevant staff who can perform operations</td>
<td>24 – 45</td>
</tr>
<tr>
<td><strong>04</strong> Post COVID-19 assistance period</td>
<td>• Information on converting a hotel back to its original purpose&lt;br&gt;• Conversion period will require space conversion and a defined waiting period prior to re-opening</td>
<td>46 – 47</td>
</tr>
<tr>
<td><strong>05</strong> Appendix</td>
<td>• Playbook references</td>
<td>48 – 49</td>
</tr>
</tbody>
</table>
PRINCIPLES OF THE PLAYBOOK

Document does...

✔ Provide guidance for converting a hotel to and from operating as an alternative care site
✔ Provide operating guidance for a hotel acting as an alternate care site
✔ Leverage industry expertise and the latest existing guidelines

Document does not...

✖ Define the type of patient each facility (hotel) should accept
✖ Define how to triage new patients who arrive at a facility (hotel)
✖ Determine the payment model
✖ Define commercial agreements, leases and other legal terms
REQUIREMENTS CONTAINED WITHIN THIS PLAYBOOK

• Requirements for the conversion and operations of a hotel property are indicative of what is required/recommended based on our knowledge today

• We leveraged several high-profile resources to collate the requirements/recommendations

Note: for a full list of resources see appendix: playbook resources

When a property chooses to go through a conversion it will be driven by government agencies; final requirements will be unique by property based on local need and may be led by several agencies
01

USE CASES AND GUIDELINES
THREE ALTERNATE USES FOR A HOTEL PROPERTY

To support the healthcare industry, there are three potential alternate uses for hotels during the COVID-19 crisis

01
House COVID-19 crisis responders

- Guests are primarily responders to the COVID-19 situation:
  - Visiting volunteers
  - Healthcare professionals
  - FEMA and other emergency service providers/contractors
- Operations closely resemble business as usual with increased levels of cleaning, social distancing, and contactless operations

02
Care for non-critical, non-COVID-19 patients (non-isolation)

- Guests are patients who require medical professional oversight and do not require isolation
- Some modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces
  - Standard operating plans: updates are required to comply with safety and compliance regulations

03
Care for COVID-19 patients with mild symptoms (isolation)

- Guests are patients requiring isolation and medical oversight
- Significant modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces require transformation
  - Standard operating plans: significant updates to comply with safety and compliance regulations for treating isolation patients

Note: A hotel property may become an alternate care site for one or more of the above use cases
WHAT KIND OF ASSISTANCE CAN MY HOTEL PROVIDE

There are key considerations to determine if/what assistance can be provided by a property when considering whether to become an alternate care site to assist in the COVID-19 response.

Not all properties are created equal and as such, different properties may lend themselves better to different use cases.

Well-located, high sleeping room capacity, full-service properties may be better suited for all the use cases but properties with certain locations (e.g. distance to hospital), property characteristics (e.g. no commercial kitchen), or limited room types (e.g. a small number of accessible rooms) could restrict which use cases can be fulfilled.

Each hotel should be considered on an individual basis depending on the current and future needs of the healthcare system.

Which hotels fit the need?

Not exhaustive

Location considerations

- Proximity to healthcare providers such as:
  - Hospitals
  - Pharmacies
  - Diagnostics / labs
- Ease of access to property

Property considerations

- Interior versus exterior corridor
- Number and location of elevators
- Use and function of common space areas
- Commercial kitchen for meal preparation
- Security access points
- Parking location and number

Room considerations

- Number of ADA/Accessible rooms
- Number of adjoining rooms
- Number of single vs. double bed rooms
- Type of locking mechanism for rooms

Other considerations

- Willingness to convert rooms to hospital specifications
- Ability of hotel staff workforce to support where required
- Relationship of third-party providers where outsourcing is required
- HVAC capabilities needed for clinical care (e.g. negative pressure)
# HOTEL EMPLOYEE CONSIDERATIONS

Prior to converting a hotel, there are several talent related considerations to be taken into account.

There are several ways hotel leadership can work to protect and support their employees when operating during the COVID-19 crisis.

## Requirements

### Training/certifications

- New operating activities may require special training and certifications for current hotel employees to fulfill.

### Employee incentives/guarantees

- Incentives and assurances for employees to work in more hazardous conditions including compensation in the event of contracting COVID-19.

### Employee safety

- Procedures to ensure safety of hotel employees, guests/patients, medical professionals, and contractors.

### Union contracts

- Working with, and temporarily modifying union contracts as required to maintain required operations.

## Key decisions

- **Training/certifications**
  - Can timely training be achieved?
  - Who will provide training?

- **Employee incentives/guarantees**
  - What incentives would be required for staff?
  - What in-place/additional guarantees may be required?

- **Employee safety**
  - Do you have access to PPE, other equipment and protective materials?
  - Are employees willing to work in the atmosphere?

- **Union contracts**
  - Are partnerships possible with the union to support:
    - Staffing from outside hotel?
    - Required staff training?
ALTERNATE CARE SITE PRE-OPENING OPERATIONS PREP

Prior to opening a hotel property in an alternative manner, there are four critical components of the hotels operations which need to be addressed:

**HOTEL LEADERSHIP**
- Define temporary leadership model to include healthcare professionals for alternate clinical care sites
- Assign roles and responsibilities of leadership across hotel, healthcare, and government (where applicable)

**SLEEPING ROOM & RATE DEFINITION**
- Define operational room types and counts based on capacity recommendations to avoid overcrowding
- Determine rate rules in conjunction with health experts (e.g. optimal length of stay restrictions) and organizations donating rooms (e.g. room sponsors)

**RESERVATION MANAGEMENT**
- Non-clinical sites: Identify channels to accept reservations in non-clinical alternate care site
- Clinical sites: Determine new patient registration procedures for clinical alternate care sites

**TRAINING**
- Identify staff who require additional education or certification required to carry out tasks
- Provide on-boarding to entire staff on overall operations and department operations
HOTEL OPERATING STRUCTURES
Depending on the alternate purpose a hotel operationalizes, there are different team structures which can be implemented

- **Non-clinical use**
  - Hotel
  - Existing hotel management team operates the property
  - Hotel ownership and leadership can determine if/how to supplement staff with specialized contractors as needed

- **Clinical use**
  - Hotel/hospital partnership
  - Joint operating model agreement between hotel and local healthcare professionals
  - Existing hotel employees operate the hotel with healthcare professionals

- **Government**
  - Can include city, state and federal government resources
  - All core functions are resourced by government agencies, including conversion and operations

HHS specifies that at no time will there be an Alternate Care Site that combines COVID-19 Symptomatic Patients with Asymptomatic Personnel
CONSIDERATIONS WHEN ASSIGNING ROLES AND RESPONSIBILITIES

As you convert your hotel, different requirements will define the type of staff that can handle certain on-property activities and what sub-contacting is required.

Hotel employees

Hotel functions will fall into two categories depending on the hotel’s alternate function:

1. BAU activities that may be performed with existing staff with no training / certification (e.g. on-property maintenance)

2. Activities requiring special training / certification (e.g. medical waste removal) which may be undertaken by existing staff who obtain the certification

Government resources

Government appointed resources to operate various portions of a hotel property

- Government agencies may include any combination of city, state, and federal
- Agencies will staff daily operating activities and subcontract function as required (e.g. F&B, laundry services, etc.)

Healthcare professionals

- Clinical professionals: responsible to provide all medical activities requiring certification and credentials
  - Note: medical professionals will take an active lead in hotel leadership
- Non-clinical healthcare professionals: assist in daily operating activities. Including, but not limited to:
  - Environmental services (EVS)
  - Back of office hospital employees

Specialized contractors

- Operations activities: roles and responsibilities which require additional resources outside hotel employees and healthcare professionals (e.g. security)
- Functions: entire hotel operating functions which cannot be performed by existing hotel infrastructure due to regulations or hotel leadership’s desire (e.g. laundry of linens, F&B preparation)
HOTEL CONVERSION AND OPERATING FRAMEWORKS

The conversion of a hotel to act in support of the healthcare industry is divided into a conversion and operating stage.

Hotel conversion plan framework

Before housing COVID-19 crisis responders and/or patients, the hotel must be converted based on its alternative purpose.

- **General site preparations**
  Required and recommended general building infrastructure and utility requirements.

- **Ground space conversion**
  Areas supporting large group congregation (e.g. lobby and conference space) requiring modifications and new equipment.

- **Sleeping room conversion**
  Sleeping room transformations for patients use, and other guest floor space to accommodate medical requirements.

Converted hotel operations framework

Before operating as an alternate care site, modifications to standard operating plans (SOPs) must be developed based on the alternative purpose.

- **Guest services**
  Providing desk services, amenities, general help, and information to its guests / patients.

- **Housekeeping/environmental services**
  Maintaining cleanliness and aesthetic upkeep of sleeping rooms, public and back-of-house areas.

- **Food & beverage**
  Preparing food and beverage services to its guests and patients.

- **Engineering / maintenance**
  Performing general, preventative, corrective, and emergency maintenance.

- **Security, safety, compliance**
  Ensuring the alternate care site is secure and in-compliance with all relevant regulations.

The frameworks will be referred to for both the non-clinical and clinical portions of the playbook.
02

NON-CLINICAL CONVERSION AND OPERATIONS
HOUSE COVID-19 CRISIS RESPONDERS

Housing COVID-19 crisis responders requires a minimal amount of required property conversion elements and updates to standard operating plans

01 House COVID-19 crisis responders

- Guests are primarily responders to the COVID-19 situation:
  - Visiting volunteers
  - Healthcare professionals
  - FEMA and other emergency service providers/contractors

- Operations closely resemble business as usual with increased levels of cleaning, social distancing, and contactless operations

02 Care for non-critical, non-COVID-19 patients (non-isolation)

- Guests are patients who require medical professional oversight and do not require isolation

- Some modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces
  - Standard operating plans: updates are required to comply with safety and compliance regulations

03 Care for COVID-19 patients with mild symptoms (isolation)

- Guests are patients requiring isolation and medical oversight

- Significant modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces require transformation
  - Standard operating plans: significant updates to comply with safety and compliance regulations for treating isolation patients

Note: A hotel property may become an alternate care site for one or more of the above use cases
## MANDATORY REQUIREMENTS FOR GENERAL SITE PREPARATION

<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does this mean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprinkler system</td>
<td>Building must have complete operational sprinkler system compliant with local fire codes</td>
</tr>
</tbody>
</table>
| Fire alarm system            | • Building must have complete operational interior fire alarm system compliant with local fire codes  
                                | • Fire alarm system must include manual stations at exit locations and smoke detection within the sleeping rooms  
                                | • Fire alarm system must be arranged to transmit alarm automatically to notify the fire department |
| Exits                        | No fewer than two exits per story; compliant with local fire codes                  |
| Asbestos-, mold-, lead-free  | • Building must be asbestos/mold/lead free                                           
                                | • Rough assessment for asbestos/lead can be based on building age                    |
| HVAC                         | Rooms must be heated and air conditioned; ventilation must be compatible with clinical needs |

Source: US Army Corps of Engineers, 2020
# Checklist for Converting Ground Floor Common Spaces

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
</table>
| Parking and garage        | Parking and garages | - If garage doesn’t promote contactless entry/exit, update gate and security system  
                            |                 | - If garage space is leased, work with tenant on updated rules (e.g., in/out privileges) |
| Lobby                     | Lobby            | - Install fridge for F&B meal access 24/7  
                            |                 | - Install social distancing signs; use tape to encourage social distancing at elevators, etc.  
                            |                 | - Setup temperature/health monitoring stations at entrance, along with a designated “red zone” if an individual is to not pass the screening |
| Dining room               | Dining room      | - Follow environmental cleaning best practices described here:  
| Fitness and rec. areas    | N/A              | - Close area                                                                             |
| Spa                       | N/A              | - Close area                                                                             |
| Laundry room for guests   | Laundry room for guests | - Determine if patient laundry will be laundered on-premises or sent out to vendor  
                            |                 | - If creating an on-premises laundry facility:  
                            |                 |   - Partition area into a “dirty” area for receiving/handling soiled laundry and a “clean” area for processing washed items  
                            |                 |   - Ensure handwashing station is available to workers  
                            |                 |   - Ensure equipment is maintained according to manufacturer’s instructions to prevent microbial contamination of system  
                            |                 | *When collecting and processing laundry, please follow these guidelines established by the CDC:*  
                            |                 | [https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html](https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html) |
| Kitchen (Food and Beverage – Back of House) | Kitchen | - Follow and elevate kitchen infection control best practices described here:  
                            |                 | - Order required F&B materials (e.g. trays, utensils) to abide by regulations  
                            |                 | - Setup contactless food delivery system |

---

Source: CDC, Oliver Wyman  
© Oliver Wyman
# CHECKLIST FOR CONVERTING SLEEPING ROOMS

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping room</td>
<td>Sleeping room</td>
<td>☐ Remove minibar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Remove decorative items (e.g. decorative pillows, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Provide extra linens and towels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Provide extra toiletries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Provide sanitation supplies for guests to self-clean</td>
</tr>
</tbody>
</table>

Source: US Army Corps of Engineers, 2020; CDC – Alternative Care Sites; ASHE COVID-19 Response Concept Study

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HOTEL OPERATION TEAM
When housing COVID-19 responders, a property’s standard operating plans will remain similar to existing activities, and hotel leadership has the opportunity to utilize their employees

Team summary
• Operations will be lead by existing hotel management team
• Minimal required personnel assigned by government agencies
• Execution of SOPs will include:
  – Existing hotel employees
  – Special contractors to supplement hotel team, on an as needed basis (e.g. replace existing staff if they are not comfortable)

Hotels leadership can determine the extent of which their employees are involved in operating an alternate use site
## GUEST SERVICES OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking in / out of guests or patients</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Triage of incoming patients&lt;sup&gt;1,3&lt;/sup&gt;</td>
<td><img src="#" alt="Gray" /></td>
</tr>
<tr>
<td>Back of house operations such as assigning sleeping rooms to guests/patients</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Coordinating logistics communication with hospital (e.g. guest or patient arrival / departure)&lt;sup&gt;1,3&lt;/sup&gt;</td>
<td><img src="#" alt="Gray" /></td>
</tr>
<tr>
<td>Supporting infection control measures (e.g. wipes, sanitizers, PPE)&lt;sup&gt;1,3&lt;/sup&gt;</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Providing social support resources (e.g. TV, WIFI, magazines)&lt;sup&gt;2&lt;/sup&gt;</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Completing guest requests via room delivery (e.g. extra towels, toiletries, etc.)</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Paging guests to deliver messages</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Handling package reception, baggage handling and other valet activities</td>
<td><img src="#" alt="Circle" /></td>
</tr>
<tr>
<td>Monitoring guest and employee health statuses for COVID-19 and other infectious diseases (taking temperatures at door, etc.)&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td><img src="#" alt="Gray" />, <img src="#" alt="Circle" /></td>
</tr>
</tbody>
</table>

1. CDC – Alternative Care Sites, 2. AON Hotel Industry Perspectives for COVID-19, 3. HKS Response Study, 2020

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# HOUSEKEEPING OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing extra linens (bed sheets and towels)</td>
<td></td>
</tr>
<tr>
<td>Disinfecting beds, bathrooms, carpets, etc.</td>
<td></td>
</tr>
<tr>
<td>Removing medical waste&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Removing non-medical waste</td>
<td></td>
</tr>
<tr>
<td>Restocking hotel supplies</td>
<td></td>
</tr>
<tr>
<td>Restocking of medical supplies&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Performing additional turnover cleaning or replacements (e.g. replacing mattress liners)&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Housekeeping – Sleeping room</strong></td>
<td></td>
</tr>
<tr>
<td>Laundering of bed sheets and towels&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Laundering of medical wear / patient clothing&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Housekeeping – Laundry</strong></td>
<td></td>
</tr>
<tr>
<td>Cleaning public spaces (e.g. elevators, hallways)</td>
<td></td>
</tr>
<tr>
<td>Cleaning healthcare command center / spaces&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td><strong>Housekeeping – Public spaces</strong></td>
<td></td>
</tr>
<tr>
<td>Cleaning storage rooms, offices, break rooms</td>
<td></td>
</tr>
<tr>
<td>Cleaning of non-medical equipment</td>
<td></td>
</tr>
<tr>
<td>Cleaning of medical equipment&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Frequency of cleaning will likely adjust from normal operations (e.g. increase in public areas and decrease for sleeping rooms)

1. CDC – Alternative Care Sites, 2. CDC – Cleaning and Disinfecting your Facility; 3. US Army Corp of Engineers, 2020, 4. HKS Response Study, 2020

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# FOOD & BEVERAGE OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing food and beverage</td>
<td></td>
</tr>
<tr>
<td>Managing diet restrictions and special requests</td>
<td></td>
</tr>
<tr>
<td>Cleaning kitchen equipment</td>
<td></td>
</tr>
<tr>
<td>Clearing soiled trays, utensils, etc.</td>
<td></td>
</tr>
<tr>
<td>Utilizing non-disposable vs. disposable items&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Coordinating patient dietary needs with doctors and/or nurses</td>
<td></td>
</tr>
<tr>
<td>Taking food and beverage orders</td>
<td></td>
</tr>
<tr>
<td>Preparing and settling bills</td>
<td></td>
</tr>
<tr>
<td>Delivering and removing food</td>
<td></td>
</tr>
<tr>
<td>Picking up outside food delivery</td>
<td></td>
</tr>
<tr>
<td>Cleaning staff / HP cafeteria areas&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

---

<sup>1</sup> CDC – Alternative Care Sites

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## ENGINEERING/MAINTENANCE OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Staff assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining plumbing and electric</td>
<td></td>
</tr>
<tr>
<td>Servicing exhaust systems, dampers, fans continuously²</td>
<td></td>
</tr>
<tr>
<td>Upgrading power distribution when necessary²</td>
<td></td>
</tr>
<tr>
<td>Providing and servicing cameras or other patient visualization equipment²</td>
<td></td>
</tr>
<tr>
<td>Servicing HEPA filter units²</td>
<td></td>
</tr>
<tr>
<td>Creating negative pressure rooms when necessary²</td>
<td></td>
</tr>
<tr>
<td>Servicing HVAC systems and other ventilation controls for infection containment¹,²</td>
<td></td>
</tr>
<tr>
<td>Maintaining emergency breakdown systems (e.g. generators, power supplies)³</td>
<td></td>
</tr>
<tr>
<td>Maintaining other temporary medical areas (e.g. medical gas storage)³</td>
<td></td>
</tr>
</tbody>
</table>


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- Hotel/ government resource
- Healthcare professional
- Specialized contractor
<table>
<thead>
<tr>
<th>Activity</th>
<th>Staff assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Security and Safety</strong></td>
<td></td>
</tr>
<tr>
<td>Ensuring hotel building security</td>
<td></td>
</tr>
<tr>
<td>Ensuring sleeping room security</td>
<td></td>
</tr>
<tr>
<td>Providing hallway security/safety monitors</td>
<td></td>
</tr>
<tr>
<td>Maintaining hotel data and technology security</td>
<td></td>
</tr>
<tr>
<td>Ensuring medical records privacy and security (e.g. HIPAA)</td>
<td></td>
</tr>
<tr>
<td><strong>Compliance</strong></td>
<td></td>
</tr>
<tr>
<td>Removing general waste (non-medical / non-contaminated)</td>
<td></td>
</tr>
<tr>
<td>Removing medical waste (biohazard / contaminated)</td>
<td></td>
</tr>
<tr>
<td>Cleaning and disinfecting appropriately (daily and terminal cleaning)</td>
<td></td>
</tr>
<tr>
<td>Providing additional training and certifications</td>
<td></td>
</tr>
<tr>
<td>Preparing for potential inspections</td>
<td></td>
</tr>
</tbody>
</table>

1. CDC – Alternative Care Sites, 2. OW Research, 3. HKS Response Study, 2020

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CLINICAL CONVERSION AND OPERATIONS
HOTEL PROPERTY AS AN ALTERNATE CARE SITE

Hotel property conversion requirements/recommendations are significant and vary based on type of alternate use property; similarly standard operating plans will require significant updates to activities and personnel.

01
House COVID-19 crisis responders

- Guests are primarily responders to the COVID-19 situation:
  - Visiting volunteers
  - Healthcare professionals
  - FEMA and other emergency service providers/contractors

- Operations closely resemble business as usual with increased levels of cleaning, social distancing, and contactless operations

02
Care for non-critical, non-COVID-19 patients (non-isolation)

- Guests are patients who require medical professional oversight and do not require isolation

- Some modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces
  - Standard operating plans: updates are required to comply with safety and compliance regulations

**Note:** A hotel property may become an alternate care site for one or more of the above use cases

03
Care for COVID-19 patients with mild symptoms (isolation)

- Guests are patients requiring isolation and medical oversight

- Significant modifications are required to accommodate patients:
  - Physical space: sleeping rooms, conference space, offices, and public spaces require transformation
  - Standard operating plans: significant updates to comply with safety and compliance regulations for treating isolation patients

04
Clinical use

05
Non-clinical use
GENERAL SITE PREPARATIONS OVERVIEW

Prior to conversion, there are both mandatory and preferred building infrastructure and utilities requirements to be checked and met depending on the site’s use case(s).

Example mandatory requirements
- One bathroom per sleeping room, robust IP system, elevator/corridor/door size

Example preferred requirements
- 250+ patient sleeping rooms, power capabilities/flexibility, proximity to hospital, ventilation capabilities, in-room entertainment and connectivity


© Oliver Wyman
## MANDATORY REQUIREMENTS FOR GENERAL SITE PREPARATION

<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does this mean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprinkler system</td>
<td>Building must have complete operational sprinkler system compliant with local fire codes</td>
</tr>
</tbody>
</table>
| Fire alarm system                | • Building must have complete operational interior fire alarm system compliant with local fire codes  
• Fire alarm system must include manual stations at exit locations and smoke detection within the sleeping rooms  
• Fire alarm system must be arranged to transmit alarm automatically to notify the fire department |
| Exits                            | No fewer than two exits per story; compliant with local fire codes                                                                                     |
| Asbestos-, mold-, lead-free      | • Building must be asbestos/mold/lead free  
• Rough assessment for asbestos/lead can be based on building age                                                                                     |
| HVAC                             | Rooms must be heated and air conditioned; ventilation must be compatible with clinical needs                                                             |
| One room/one bathroom (for isolation care) | • Each room must have one bathroom  
  – Note: if each sleeping room does not have its own bathroom, site may still be used to house medical professionals and provide non-isolation care, provided bathroom is on floor and accessible |

Source: US Army Corps of Engineers, 2020
### MANDATORY REQUIREMENTS FOR GENERAL SITE PREPARATION

<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does this mean?</th>
</tr>
</thead>
</table>
| Elevator, corridor, and sleeping room entrance size | • If building has multiple stories, an elevator car/cab that can clear:  
  1. Ambulance Stretcher (Wide Car Configuration) eg. 6’-8” wide x 5’-3” depth with 3’-6” side opening door; or 7’-8” wide x 5’-4” depth with 4’-0” center opening door  
  2. Hospital Bed/Gurney (Deep Car Configuration) eg. 5’-8” wide x 8’-5” depth with 4’-6” side opening door  
  • Minimum corridor/hallway width should be 8 feet  
  • Doors widths should be capable of accommodating a gurney or stretcher  
  *Note: Requirements are needed to get non-ambulatory patients to upper floor levels using large equipment, and ambulance stretcher* |
| Robust IP infrastructure to allow telehealth services | • Rooms must have WAP connectivity able to stream videos  
• Each room must have RJ-45 outlets connected to existing telecommunication space  
• Note: This is particularly important when caring for isolation patients from remote sites. |

Source: US Army Corps of Engineers, 2020

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## PREFERRED REQUIREMENTS FOR GENERAL SITE PREPARATION

<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does this mean?</th>
</tr>
</thead>
</table>
| Available space                    | Ideal hotel would have capacity of at least 250 patient rooms  

*Note: size of hotel requirements may differ based on requirements and geography*  

<table>
<thead>
<tr>
<th>Fire extinguishers</th>
<th>Fire extinguishers must be provided and be compliant with local fire codes</th>
</tr>
</thead>
</table>
| Power – capacity and flexibility   | • Floor panel capacity to supply one 20 ampere normal power circuit per bedroom  

• Flexibility and capacity in service panel and transformer to connect roll-up generator |
| Proximity to existing, permanent hospital (<30 minutes) | Needed for logistics and support, materials, dirty/clean utilities, nutrition care.                                                                 |
| Access to hazardous Disposal      | Access to permanent/temporary facilities for med waste, sanitary, soiled linen  

| Hotel room size                    | • Minimum bedroom size 140 SF / bathroom 60 SF  

• Two room configuration is ideal (bedroom with king or two queen beds and bathroom)  

• Suite rooms with multiple rooms are not preferred for patient care spaces as it requires non-standard conversion steps |

Source: US Army Corps of Engineers, 2020

© Oliver Wyman
# Preferred Requirements for General Site Preparation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>What does this mean?</th>
</tr>
</thead>
</table>
| In-room entertainment and connectivity   | • Sleeping rooms should be equipped with TV and programming  
• All areas should be equipped with WIFI  
• Hotel should have a centrally connected phone system, with phones in each room |
| Bathroom exhaust                         | • Bathroom exhaust must be centralized so that it can be augmented for negative pressure  
• Need sufficient space to upgrade/replace the exhaust AHU to incorporate a HEPA filter pulling ~200cfm per room  
  – Rooftop arrangement is preferred.  
• Lack of centralization would make augmenting exhaust difficult  
  – It would then be necessary to add additional exhaust system which serves every room which would significantly impact the conversion schedule |
| Supply air handling unit                 | • Need sufficient space to upgrade or replace the supply air handling unit to provide the additional makeup air  
  – Rooftop mounted equipment would likely provide the most flexibility  
  – Anticipate an increase of supply air of 100cfm per room |

Source: US Army Corps of Engineers, 2020

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GROUND SPACE CONVERSION OVERVIEW
Transformation of areas supporting large group congregation (e.g. lobby and conference space) require modifications and new equipment

Example ground floor plan for clinical use

- **Engineering changes**: Make all floor plan additions
- **Reuse with minimal modifications**: Hotel furniture for staff quarters, kitchen, dining, vestibule, CCTV for security, card readers
- **New equipment**: Metal detector, video teleconferencing for command center, controlled access, storage equipment, eye and handwash stations, and signage

Source: US Army Corps of Engineers, 2020
© Oliver Wyman
## CHECKLIST FOR CONVERTING GROUND FLOOR COMMON SPACES

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
</table>
| Other patient rooms available on the ground floor | Patient check-in | - Create and place signage designating room  
- Ensure that room is located on the “dirty side” of the airlock, next to patient entrance on side of the hotel  
- Remove bed  
- Install workstation, monitor, printer, and telephone  
- Install chairs for staff and patient seating |
| Other patient rooms available on the ground floor | Patient holding room | - Create and place signage designating rooms  
- Ensure that room is located on the “dirty side” of the airlock, next to patient entrance and check-in areas |
| Parking and garage | Parking and garages | - If garage doesn’t promote contactless entry/exit, update gate and security system  
- If garage space is leased, work with tenant on updated rules (e.g., in/out privileges) |
| Guest services area (check-in, etc.) | Nurses station | - Designate original main entrance leading to the guest services area to become the staff entrance by posting appropriate signage  
- Convert guest services area into a nurses station by  
  - Install additional desks and chairs  
  - Install adequate number of workstations with clinical software  
  - Install adequate monitors to support workflow  
  - Setup printers and scanners  
  - Install telephones / paging comms. devices  
  - Create storage space for common supplies  
  - Ensure workstations have backup power  
  - Setup hand sanitizing station(s)  
  - Provide access to hotel wide paging system |

Source: CDC, Oliver Wyman
## CHECKLIST FOR CONVERTING GROUND FLOOR COMMON SPACES

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dining room</strong> <em>(Food and Beverage – Front of House)</em></td>
<td>Dining room</td>
<td>□ Follow environmental cleaning best practices described here: <a href="https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf</a></td>
</tr>
<tr>
<td>Valet – guest entrance</td>
<td>N/A</td>
<td>□ Close area and redirect all patients to side entrance as shown in conversion floor plan map</td>
</tr>
<tr>
<td>Fitness and Rec. Areas</td>
<td>N/A</td>
<td>□ Close area</td>
</tr>
<tr>
<td>Spa</td>
<td>N/A</td>
<td>□ Close area</td>
</tr>
</tbody>
</table>
| **Meeting and Conference space (or any ground floor room)** | Medical storage | □ Close the room to allow for maximum storage space  
□ Install shelving in the room  
□ Create and place signage designating room |
| **Meeting and Conference space (or any ground floor room)** | Sterile storage | □ Close the room to allow for maximum storage space  
□ Install shelving in the room  
□ Create and place signage designating room |
| **Meeting and Conference space (or any ground floor room)** | Admin. storage | □ Close the room to allow for maximum storage space  
□ Install shelving in the room  
□ Create and place signage designating room |
| **VIP Lounge (or any ground floor room)** | Ante-room | □ Close area if not located on ground floor  
□ Convert into an ante-room for waiting patients and family members  
□ Create and place signage designating room |

Source: CDC, Oliver Wyman
© Oliver Wyman
Not exhaustive and will vary by need and location
## CHECKLIST FOR CONVERTING GROUND FLOOR COMMON SPACES

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other patient rooms available on the ground floor <em>(double room preferable)</em></td>
<td>On-duty staff quarters</td>
<td>✗ Create and place signage designating room</td>
</tr>
</tbody>
</table>
| Laundry room for guests | Laundry room for staff and patients | ✗ Determine first if medical staff and patient laundry will be laundered on-premises or sent out to vendor  
   ✗ If creating an on-premises laundry facility:  
     ✗ Partition area into a “dirty” area for receiving/handling soiled laundry and a “clean” area for processing washed items  
     ✗ If possible, ensure areas receiving soiled textiles are at negative air pressure relative to clean areas  
     ✗ Ensure handwashing station is available to workers  
     ✗ Ensure equipment is maintained according to manufacturer’s instructions to prevent microbial contamination of system  
   *When collecting and processing laundry, please follow these guidelines established by the CDC: [https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html](https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html)* |
| Office space | Command center and security monitoring space | ✗ Check that security video equipment is functional and can be monitored from the space  
   ✗ Install storage space for administrative supplies  
   ✗ Install camera / badging equipment for medical staff |

Source: CDC, Oliver Wyman  
© Oliver Wyman
## Checklist for Converting Ground Floor Common Spaces

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
</table>
| Other patient rooms available on the ground floor | Staff work room | ✑ Create and place signage designating room  
                          ✑ Remove bed  
                          ✑ Place additional desks and chairs  
                          ✑ Install workstations, monitors, printers, and telephones |
| Staff break rooms | Staff break rooms | ✑ Install workstation with required clinical software  
                          ✑ Install fridge, microwave, table/chairs for staff use |
| Loading docks | Loading docks | ✑ Ensure ramps, loading equipment (e.g., carts, etc.) exist  
                          ✑ Create storage space of extra medical equipment (temp. and non-temp. controlled areas if possible) |
                          ✑ Order required F&B materials (e.g. trays, utensils) to abide by regulations  
                          ✑ Setup contactless food delivery system |
| Other patient rooms available on the ground floor | Lab | ✑ Create and place signage designating room  
                          ✑ Remove bed and desk  
                          ✑ Install workstation, monitor, printer, and telephone  
                          ✑ Install lab equipment  
                          ✑ Place chairs for lab staff and patients  
                          ✑ Install shelving to store lab and other medical supplies |

Source: CDC, Oliver Wyman
SLEEPING ROOM FLOOR CONVERSION OVERVIEW
Sleeping room transformations for patient use, and other guest floor space to accommodate medical requirements

Example sleeping floor plan for clinical use

- **Engineering changes**: Make all floor plan additions, install pressure monitoring, modify HVAC to isolate by floor, modify elevator controls
- **Reuse with minimal modifications**: WIFI, phone system, network infrastructure, ice-machine, packaged HVAC
- **New equipment**: Nurse call buttons, storage shelving, workstations, med-dispense units, ventilators, crash carts, eye and handwash stations, signage

Source: US Army Corps of Engineers, 2020
# CHECKLIST FOR CONVERTING SLEEPING ROOMS

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
</table>
| Sleeping room        | Patient sleeping room (non-isolation and isolation) | - E1 – Storage (for vent.)  
- E2 – Tel. pump, IV stand  
- E3 – Stool for provider  
- E4 – Over bed table  
- E5 – Work stations  
- E6 – Linen hamper  
- E7 – Sharps, gloves disp.  
- E8 – Hand sanitizer  
- E9 – Infectious waste  
- E10 – Privacy curtain  
- H1 – Bed (replace linens with medical linens)  
- H2, H4 – Desk and Chair  
- H3 – Wardrobe  
- H5 – Bathroom  
- Other – Television, centrally connected telephone, WIFI  
- Remove carpet and install vinyl flooring, or install carpet tape  
- Remove nonessential furniture and porous surfaces (e.g., upholstered furniture)  
- Wrap furniture and mattresses with removable plastic  
- Add back-up power and outlets  
- Units with multiple beds:  
  - Install with at least 6 feet of space in between each bed  
  - Install a physical barrier between beds  
  - Placement of beds should alternate in head-to-toe configuration  
  - Install beds and barriers oriented parallel to directional airflow |

Source: US Army Corps of Engineers, 2020; CDC – Alternative Care Sites; ASHE COVID-19 Response Concept Study

© Oliver Wyman
## Checklist for Converting Sleeping Rooms

<table>
<thead>
<tr>
<th>Original hotel space</th>
<th>Converted space</th>
<th>Conversion requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping room</td>
<td>Patient sleeping room (isolation only)</td>
<td>HVAC considerations&lt;br&gt;&lt;ul&gt;&lt;li&gt;Replace/modify exhaust fan to pull more air and MUA to increase air flow to guest rooms; dampers/fans should operate continuously at full capacity; confirm bathroom exhaust location is far from accessible areas&lt;/li&gt;&lt;li&gt;Verify HVAC systems serving common areas don’t recirculate air between patient care and staff areas&lt;/li&gt;&lt;li&gt;PTACS remain for more precise room temperature control&lt;/li&gt;&lt;li&gt;Upgrade central exhaust system with system able to provide at least negative pressurization to each suite&lt;/li&gt;&lt;li&gt;To have a converted patient room be at negative pressure, add the UVGI for infection control and the air scrubber for filtration&lt;/li&gt;&lt;/ul&gt;</td>
</tr>
</tbody>
</table>

Source: US Army Corps of Engineers, 2020; CDC – Alternative Care Sites; ASHE COVID-19 Response Concept Study

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CHECKLIST FOR CONVERTING SLEEPING ROOMS WITHIN A HOTEL

Sample sleeping room for clinical use

Sample HVAC setup for clinical use

Typical hotel HVAC setup

Modified ACS HVAC setup

Source: US Army Corps of Engineers, 2020; CDC – Alternative Care Sites; ASHE COVID-19 Response Concept Study

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HOTEL OPERATION TEAM FOR CLINICAL ALTERNATE CARE SITES
When housing patients (COVID-19 and/or non-COVID-19) significant variations in operating plans may exist across hotel properties based on need, location, and government agency involvement.

Clinical care operations

- Care for non-critical, non-COVID-19 patients (non-isolation)
- Care for COVID-19 patients with mild symptoms (isolation)

Note: alternate care sites can house a mixture of patient types (isolation and non-isolation) depending on situational needs and hotel property layout.

Team overview

1. **Government appointed resources**: all core operating functions will be conducted by government appointed resources (e.g. FEMA workers, subcontractors, etc.)

2. **Healthcare workers**: Joint agreement on personnel roles and responsibilities with government agencies

3. **Hotel employees**: Limited back-of-house functions such as property management system operations

Note: HHS specifies that at no time will there be an Alternate Care Site that combines COVID-19 Symptomatic Patients with Asymptomatic Personnel.

Hotels leadership can work with government agencies to determine the extent to which their employees are involved in operating an alternate care site.
## GUEST SERVICES OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-isolation patient</th>
<th>Isolation patient</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking in / out of guests or patients</td>
<td></td>
<td></td>
<td>• Modifications should be made to enable contactless service</td>
</tr>
<tr>
<td>Triage of incoming patients(^{1,3})</td>
<td></td>
<td></td>
<td>• In isolation alternate care sites, employees should be provided PPE and adequate training on usage</td>
</tr>
<tr>
<td>Back of house operations such as assigning sleeping rooms to guests/patients</td>
<td></td>
<td></td>
<td>• HHS specifies that at no time will there be an Alternate Care Site that combines COVID-19 Symptomatic Patients with Asymptomatic Personnel</td>
</tr>
<tr>
<td>Coordinating logistics communication with hospital (e.g. guest or patient arrival / departure)(^{1,3})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting infection control measures (e.g. wipes, sanitizers, PPE)(^{1,3})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing social support resources (e.g. TV, WIFI, magazines)(^{2})</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completing guest requests via room delivery (e.g. extra towels, toiletries, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paging guests to deliver messages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling package reception, baggage handling and other valet activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring guest and employee health statuses for COVID-19 and other infectious diseases (taking temperatures at door, etc.)(^{1,2})</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. CDC – Alternative Care Sites, 2. AON Hotel Industry Perspectives for COVID-19, 3. HKS Response Study, 2020

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## Housekeeping / Environmental Services Operation Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-isolation Patient</th>
<th>Isolation Patient</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing extra linens (bed sheets and towels)</td>
<td>●</td>
<td>●</td>
<td>• Housekeeping should be minimized to reduce risk</td>
</tr>
<tr>
<td>Disinfecting beds, bathrooms, carpets, etc.</td>
<td>●</td>
<td>●</td>
<td>• Extra linens, towels, and toiletries should be provided</td>
</tr>
<tr>
<td>Removing medical waste</td>
<td>●</td>
<td>●</td>
<td>• Cleaning should be focused on terminal cleaning rather than daily cleaning</td>
</tr>
<tr>
<td>Removing non-medical waste</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Restocking hotel supplies</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Restocking of medical supplies</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Performing additional turnover cleaning or replacements (e.g. replacing mattress liners)</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

### Housekeeping / EVS – sleeping room

- **Laundering of bed sheets and towels**: ●
- **Laundering of medical wear / patient clothing**: ●

### Housekeeping / EVS – public spaces

- **Cleaning public spaces (e.g. elevators, hallways)**: ●
- **Cleaning healthcare command center / spaces**: ●

### Housekeeping / EVS – back of house

- **Cleaning storage rooms, offices, break rooms**: ●
- **Cleaning of non-medical equipment**: ●
- **Cleaning of medical equipment**: ●

---

1. CDC – Alternative Care Sites, 2. CDC -- Cleaning and Disinfecting your Facility; 3. US Army Corp of Engineers, 2020, 4. HKS Response Study, 2020

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## FOOD & BEVERAGE OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-isolation patient</th>
<th>Isolation patient</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing food and beverage</td>
<td></td>
<td></td>
<td>• Food and beverage for patients may be provided by outside healthcare food services based on patient special needs</td>
</tr>
<tr>
<td>Managing diet restrictions and special requests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning kitchen equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clearing soiled trays, utensils, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizing non-disposable vs. disposable items¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinating patient dietary needs with doctors and/or nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking food and beverage orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing and settling bills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivering and removing food</td>
<td>Hotel employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picking up outside food delivery</td>
<td>Hotel employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning staff / HP cafeteria areas¹</td>
<td>Government resource</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹. CDC – Alternative Care Sites

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## ENGINEERING / MAINTENANCE OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-isolation and isolation patient</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining plumbing and electric</td>
<td><img src="#" alt="Blue" /></td>
<td>• Number of outside contractors needed will be determined based the extent of extensive medical care equipment maintenance</td>
</tr>
<tr>
<td>Servicing exhaust systems, dampers, fans continuously²</td>
<td><img src="#" alt="Black" /></td>
<td></td>
</tr>
<tr>
<td>Upgrading power distribution when necessary²</td>
<td><img src="#" alt="Gray" /></td>
<td></td>
</tr>
<tr>
<td>Providing and servicing cameras or other patient visualization equipment²</td>
<td><img src="#" alt="Gray" /></td>
<td></td>
</tr>
<tr>
<td>Servicing HEPA filter units²</td>
<td><img src="#" alt="Blue" /> <img src="#" alt="Gray" /></td>
<td></td>
</tr>
<tr>
<td>Creating negative pressure rooms when necessary²</td>
<td><img src="#" alt="Gray" /></td>
<td></td>
</tr>
<tr>
<td>Servicing HVAC systems and other ventilation controls for infection containment¹²</td>
<td><img src="#" alt="Blue" /> <img src="#" alt="Gray" /></td>
<td>• Those working in or around healthcare facilities should have a Health Care Physical Environment Worker Certification which covers basic healthcare facility orientation for concepts such as patient privacy, infection control, and interim life safety measure⁴</td>
</tr>
<tr>
<td>Maintaining emergency breakdown systems (e.g. generators, power supplies)²</td>
<td><img src="#" alt="Blue" /> <img src="#" alt="Gray" /></td>
<td></td>
</tr>
<tr>
<td>Maintaining other temporary medical areas (e.g. medical gas storage)³</td>
<td><img src="#" alt="Blue" /> <img src="#" alt="Gray" /></td>
<td></td>
</tr>
</tbody>
</table>


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- Hotel employee
- Government resource
- Healthcare professional
- Specialized contractor

Not exhaustive and will vary by need and location
# SECURITY, SAFETY, AND COMPLIANCE OPERATION ACTIVITIES

<table>
<thead>
<tr>
<th>Activity</th>
<th>Non-isolation and isolation patient</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring hotel building security</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Ensuring sleeping room security</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Providing hallway security/safety monitors</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Maintaining hotel data and technology security</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Ensuring medical records privacy and security (e.g. HIPAA)</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Removing general waste (non-medical / non-contaminated)</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Removing medical waste (biohazard / contaminated)</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Cleaning and disinfecting appropriately (daily and terminal cleaning)</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Providing additional training and certifications</td>
<td>![Symbol]</td>
<td></td>
</tr>
<tr>
<td>Preparing for potential inspections</td>
<td>![Symbol]</td>
<td></td>
</tr>
</tbody>
</table>

**Security and Safety**

- Electronic medical records may be difficult to implement given lack of hardware, connectivity to systems, security, etc. A paper medical record should be considered in such cases.

1. CDC – Alternative Care Sites, 2. OW Research, 3. HKS Response Study, 2020

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- Hotel employee
- Government resource
- Healthcare professional
- Specialized contractor
04

POST COVID-19 ASSISTANCE PERIOD
POST COVID-19 CONVERSION

Following the usage of a hotel for COVID-19 purposes, there will need to be a conversion period back to normal BAU operations

**Timing**
- Agreement on length of usage of property, with clear end date or trigger point
- Clarity on how long property will stay vacated between last medical worker/patient and first returning hotel guest
- Clear timeline for how long conversion back to hotel once use is complete

**Cleaning**
- Understanding of who will be doing the required deep-clean and what equipment is needed
- Defined cleaning protocol to satisfy any CDC requirements as well as hotel corporation requirements
- We recommend a certification from a governing authority that cleaning has been done to the appropriate standards

**Conversion**
- Physical conversion of hotel spaces, including:
  - Public space
  - Sleeping room space
  - Meeting space
- Returning of any materials which have been “on loan”
- Cleaning or replacement of certain materials such as:
  - Hospital mattress cleaning or hotel mattress replacement
  - Deep carpet cleaning
  - Linen replacement

**Employee and guest comms**
- Development of employee messaging and communication of cleaning/conversion execution
- Development of customer messaging and communication to instill trust in hotel’s safety and cleanliness
<table>
<thead>
<tr>
<th>Publisher</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akin Gump</td>
<td>Potential Use of Hotels for COVID-19 Medical Care</td>
<td><a href="https://tinyurl.com/Akin-Gump-COVID19-hotel-use">https://tinyurl.com/Akin-Gump-COVID19-hotel-use</a></td>
</tr>
<tr>
<td>American Hotel &amp; Lodging Association</td>
<td>AHLA’s Hospitality for Hope Initiative</td>
<td><a href="https://www.ahla.com/ahlas-hospitality-hope-initiative">https://www.ahla.com/ahlas-hospitality-hope-initiative</a></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Alternate Care Sites Infection Prevention and Control Considerations</td>
<td><a href="https://tinyurl.com/CDC-alternate-care-sites">https://tinyurl.com/CDC-alternate-care-sites</a></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Cleaning and Disinfecting your Facility Everyday Steps, Steps when Someone is Sick, and Considerations for Employers</td>
<td><a href="https://tinyurl.com/CDC-cleaning-and-disinfecting">https://tinyurl.com/CDC-cleaning-and-disinfecting</a></td>
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AHLA COVID-19 alternate care site hub: [https://www.ahla.com/covid-resources](https://www.ahla.com/covid-resources)