



Supervisors Peskin, Safai, and Preston,

On behalf of [the Global Biorisk Advisory Council](#) (GBAC) thank you for the opportunity to submit testimony today on “Emergency Ordinance - Cleaning and Disease Prevention Standards in Tourist Hotels and Large Commercial Office Buildings”.

GBAC helps organizations and businesses prepare for, respond to, and recover from biological threats, and biohazard situations and real-time crises. We offer education, training, certification, response management, and crisis consulting for situations where environments require a much higher level of cleaning, disinfection, and restoration.

GBAC is a division of ISSA, the worldwide cleaning industry association, which has more than 9,300 members—including distributors, manufacturers, manufacturer representatives, wholesalers, building service contractors, in-house service providers, residential cleaners, and associated service members—ISSA is the world's leading trade association for the cleaning industry. The association is committed to changing the way the world views cleaning by providing its members with the business tools they need to promote cleaning as an investment in human health and the environment.

We are very happy the City and County of San Francisco has brought the issue of enhanced cleaning and disinfecting to the forefront of the discussions regarding reopening the economy. The cleaning industry have always understood the value of clean when it comes to promoting public health. The COVID-19 pandemic has rightly increased awareness and demand for proper cleaning and disinfecting. Cleaning professionals have been on the front line as essential workers making sure spaces where essential businesses have continued to operate are being properly cleaned and disinfected.

GBAC and ISSA have been working with the leading experts in infection prevention and control as well as the professional cleaning community to develop [comprehensive guidelines](#) for cleaning, disinfection, and infectious disease prevention.

While it is good to see this committee is taking up this important issue, we are concerned with two aspects of the proposed ordinance.

The testimony submitted today focuses on two main points.

1. Opt-in cleaning is safer than opt-out cleaning given the current outbreak.
2. The cleaning and disinfecting every 30-minute requirement is unworkable, ignores best practices, not science based, and could do more harm than good.

First, we will explain why the mandated daily cleaning on rooms is counterproductive. It is widely known that limiting interaction between individuals, especially within indoor areas, is

critically important in helping to reduce the spread of SARS-CoV-2. Mandating that staff enter guest rooms daily does nothing to protect the guest from COVID and only increases the risk to both the staff entering the room (in the event the guest is infected) and the guest (in the event the staff member is infected). Limiting close contact is the best way to protect all parties and mandating daily servicing of rooms is not supporting that effort. Allowing hotels to have guests opt into room cleaning would provide those who need cleaning to obtain it, while minimizing exposure to the bulk of the hotel guests.

Guidelines from the [British Columbia Ministry of Health](#) in Canada for example goes beyond this recommendation for hotels. Their guidelines state, “Do not provide housekeeping service within guest rooms during their stay. Ensure that an adequate supply of clean towels, toilet paper, plain hand soap and shampoo is available prior to guests entering their room. Leave fresh linens, toiletries and cleaning supplies outside the door of guest rooms. Provide these items at a frequency that maintains good hygiene.”

On the second issue of requiring cleaning and disinfecting every 30-minutes, 24 hours per day. This requirement is not based on any scientific and [risk-based assessment](#) and therefore is arbitrary. Furthermore, this ordinance does not follow widely accepted best practices used by the cleaning industry. For example, the 30-minute requirement is not normal even in higher risk setting's such as hospitals. Cleaning frequency should take into consideration the time it takes to properly clean and disinfect an area, the level of risk for that area (i.e. clinical vs non-clinical; dense traffic vs sparse traffic), practicality of resource availability and cost, and environmental impact.

Any decisions on proper cleaning and disinfecting requirements should consider traffic and usage as two of the main criteria that need to be taken into consideration. An arbitrary requirement such as the 30-minute frequency being discussed here is not only impractical from an implementation perspective but also could do more harm than good.

Both points rely on the fact that environmental transmission (environment to human transfer) can only occur by touch. This type of transmission requires touching a surface *that has some minimum transferrable microbial load* and then touching your eyes, nose or mouth. Therefore, the CDC, World Health Organization, American Hospital Association, and many others agree that environmental disinfection should focus on high-touch surfaces. These are the surfaces that pose the greatest risk of environmental transmission.

You may be wondering why not low-touch surfaces too? Microorganisms ([especially viruses](#)) have a definitive life span on a surface. Viruses in particular have the shortest lifespan on surfaces and will completely deactivate all on their own as they lose infectivity over time. It is completely unreasonable to disinfect a surface that will be rarely (if ever) touched such as walls, ceilings, floors, shelving, etc. Yes, floors too. The CDC and AHA do not recognize the floor as a high touch surface (perhaps a Day Care with toddlers crawling on the floor would be the exception). While these lower touch areas should absolutely be cleaned regularly according to existing [CDC guidance](#).

We encourage San Francisco's Board of Supervisors to take a step back, engage public health officials, environmental health professionals, and industry experts to suggest a more prudent and effective cleaning and disinfection standards.

Thank you for the opportunity to contribute to this very important discussion. Please don't hesitate to reach out if we can be of help to you on this or other related issues moving forward.

Respectfully,

A handwritten signature in cursive script that reads "Patricia H. Olinger". The signature is written in dark ink on a light background.

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