

### **Express Memo**



# COVID-19 Employee, Customer, and Visitor Health Safety Risk Survey

#2020-09 Date: 6/30/2020

#### Objective/Scope/Methodology

The COVID-19 Employee, Customer, and Visitor Risk Survey was created to assist the City in identifying, assessing, and addressing its risks related to the COVID-19 pandemic crisis. This survey was distributed to the City's 15 Department Directors for completion on June 4, 2020 and Internal Audit received all responses as of June 30, 2020.

Once department directors completed the survey, Internal Audit provided a graphical summary of the department's results along with the Risks and Mitigation Measures Checklist to assist the department in addressing their risks. Internal Audit has summarized the survey results from all responding departments which are included in this memo. The detailed methodology is attached as Appendix A, the Citywide survey results by question is attached as Appendix B, a sample of the report provided to departments is attached as Appendix C, and the survey questionnaire is attached as Appendix D.

#### **Risk Assessment Results**



#### By the Numbers

| 0                           | 1                           | 14                          |
|-----------------------------|-----------------------------|-----------------------------|
| Departments with an Overall | Departments with an Overall | Departments with an Overall |
| "High" Risk Score           | "Medium" Risk Score         | "Low" Risk Score            |

#### **Detailed Risk Assessment Results**

The chart below summarizes the City's total risk assessment result by risk area.

Citywide Risk Score Legend: ■ Low (1-15) ■ Medium (16-30) ■ High (31-45)

| Ref | Description  | Citywide<br>Total Risk<br>Score |
|-----|--|---------------------------------|
| 1.  | Does your department have employees at a higher risk for serious illness, such as older adults (65 and older) or people with chronic medical conditions?         | 15                              |
| 2.  | Does your department have employees that have recently travelled or attended an identified risk setting (e.g., conference where cases were known to be present)? | 15                              |
| 3.  | Does your department have any employees that have tested positive for COVID-19?  | 15                              |
| 4.  | Does your department have any employees that have a household member or close contact that has tested positive for COVID-19?                                     | 15                              |
| 5.  | Does your department have employees, customers and visitors access your workplace/business by public transportation or rideshare?                                | 31                              |
| 6.  | Does your department have a continuity plan for times of emergencies?  | 17                              |
| 7.  | Does your department have existing environmental cleaning procedures that align with the Centers of Disease Control guidance?                                    | 19                              |
| 8.  | Will staff absenteeism impact your department's operations?  | 17                              |
| 9.  | Will your department employees or customers be participating in activities that could lead to potential exposure?  | 15                              |
| 10. | Can your department infrastructure be easily altered to implement recommended health and prevention control measures?  | 15                              |

These survey results will also be used for Internal Audit's ongoing risk assessment to identify potential areas for audit.

#### **Recommendations and Action Plan**

It is recommended that departments address the higher risk areas with the appropriate mitigating controls, continue to assess the risks related to Employee, Customer, and Visitor Health and Safety, and take appropriate actions.

#### **Distribution List**

|   | For Action  |   | For Information                         |
|---|---|---|---|
| • | Aram Adjemian, City Clerk   | • | Yasmin K. Beers, City Manager           |
| • | Elena Bolbolian, Director of Innovation,<br>Performance and Audit | • | Roubik Golanian, Assistant City Manager |
| • | Jason Bradford, Chief Information Officer                         | • | Audit Committee                         |
| • | Onnig Bulanikian, Director of Community<br>Services & Parks       | • | City Council                            |
| • | Matthew Doyle, Director of Human Resources                        |   |   |
| • | Yazdan Emrani, Director of Public Works                           |   |   |
| • | Michele Flynn, Director of Finance                                |   |   |
| • | Michael Garcia, City Attorney                                     |   |   |
| • | Philip Lanzafame, Director of Community<br>Development            |   |   |
| • | Silvio Lanzas, Fire Chief   |   |   |
| • | Rafi Manoukian, City Treasurer                                    |   |   |
| • | Carl Povilaitis, Police Chief                                     |   |   |
| • | Gary Shaffer, Director of Library, Arts & Culture                 |   |   |
| • | John Takhtalian, Deputy City Manager                              |   |   |
| • | Stephen Zurn, General Manager - GWP                               |   |   |

### **Appendix A: Detailed Methodology**

#### Methodology

The COVID-19 Employee, Customer, and Visitor Health Safety Survey is part of the Express Risk Surveys performed by Internal Audit.

Internal Audit performed best practice research and developed risk related questions to include within a survey distributed to management. The survey was developed to identify key risks and mitigating factors implemented by management.

Each question had two parts, the first part was the risk question and was followed-up with a mitigating control question. Each risk and mitigating control question had three available answers (Yes, No, or Not Sure). The risk and mitigating control question scores were added together to determine the department's collective risk score. For the risk question, when a risk or potential risk was identified, it received a risk score of 3. When a risk was not present, the risk question received a score of 1. For the mitigating factor question, when the respondent identified that their department had a risk, but implemented one or more of the mitigating factors, it received a score of negative 2. When no risk was identified or no mitigating factors were present, the mitigating control question received a score of 0. The lowest available score was 1.

For example, if a respondent answered "Yes" to risk question #1 and "Yes" to mitigating factor question #1a, the risk score for question #1 was calculated as follows:

| Ref#  | Question           | Answer | Score |
|-------|--------------------|--------|-------|
| 1     | Risk               | Yes*   | 3     |
| 1a    | Mitigating Control | Yes    | -2    |
| Total |                    |        | 1     |

<sup>\*</sup>For questions 6,7, & 10, a risk score of "3" was assigned if a respondent answered "No" or "Not Sure".

The Citywide risk level was determined based upon the department scores as defined below. The Citywide score is the aggregate of the departments' scores. The risk level was determined based upon the total risk score as a percentage of the maximum available risk score.

| Risk Level | Department | Citywide |
|------------|------------|----------|
| Low        | 1          | 1-15     |
| Medium     | 2          | 16-30    |
| High       | 3          | 31-45    |

#### **Survey Limitation**

The risk score was calculated based upon responses received from departments. Departments were only required to have implemented one of the mitigating factors in order to reduce their risk score by 2 points. It should be noted that department responses were not verified by Internal Audit.

# **Appendix B: Citywide Survey Results by Question**

The matrix below represents the Citywide survey results by question.

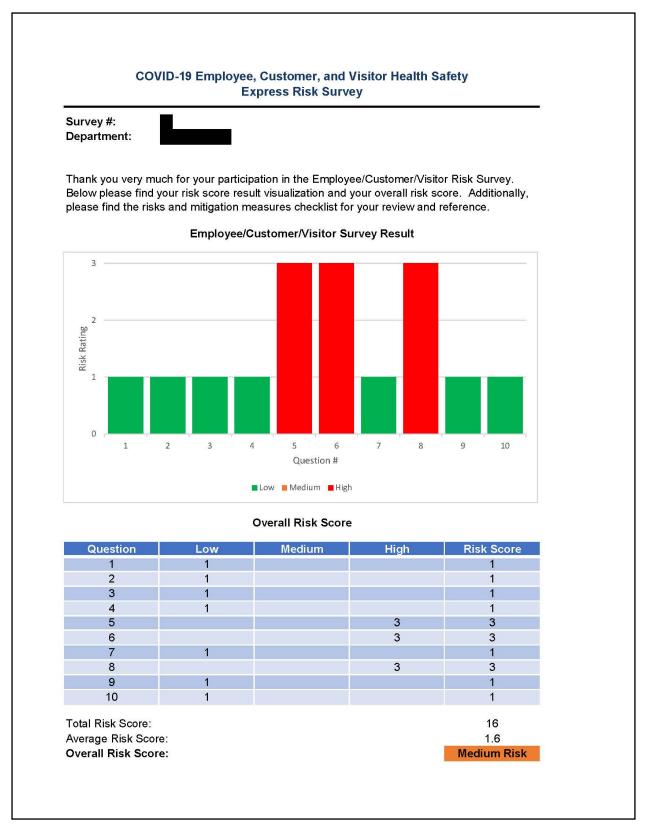
| Ref | Question  | Yes | No | Not<br>Sure |
|-----|---|-----|----|-------------|
| 1.  | Does your department have employees at a higher risk for serious illness, such as older adults (65 and older) or people with chronic medical conditions?  | 9   | 4  | 2           |
| 1a. | Does your department do any of the following?  • Actively encourage sick employees to stay home.  • Emphasize risk to staff/clients.  • Encourage frequent hand hygiene, social distancing, and respiratory etiquette.  • Minimize face-to-face contact between these employees.  | 15  | 0  | 0           |
| 2.  | Does your department have employees that have recently travelled or attended an identified risk setting (e.g., conference where cases were known to be present)?  | 1   | 11 | 3           |
| 2a. | Does your department do any of the following:  • Discourage personal domestic or international travel?  • Avoid/limit non-essential business travel?  • If an employee has had close contact with another person who has been diagnosed with COVID-19 while traveling, require the exposed employee to quarantine at home for 14 days.  | 14  | 1  | 0           |
| 3.  | Does your department have any employees that have tested positive for COVID-19?   | 6   | 9  | 0           |
| 3a. | Does your department do any of the following?  • Notify close contacts of the employee and requiring the employee to stay home for at least seven days after being tested AND be fever free for 72 hours.  • If an employee has had close contact with an employee diagnosed with COVID-19, require the exposed employee to quarantine at home for 14 days.  • Practice proper cleaning and sanitizing, especially if an employee has tested positive for COVID-19. | 12  | 0  | 3           |
| 4.  | Does your department have any employees that have a household member or close contact that has tested positive for COVID-19?  | 7   | 4  | 4           |
| 4a. | Does your department do any of the following?  • Require employees to be quarantined for 14 days after the case has been released from isolation.  • Practice proper cleaning and sanitizing, especially if a customer or close contact of an employee has tested positive for COVID-19.  | 13  | 0  | 2           |
| 5.  | Does your department have employees, customers and visitors access your workplace/business by public transportation or rideshare?   | 10  | 1  | 4           |

### **Appendix B: Citywide Survey Results by Question** (Cont'd)

| Ref  | Question   | Yes | No | Not<br>Sure |
|------|--|-----|----|-------------|
| 5a.  | Does your department encourage employees/customers to take public transit at non-peak times or to use a personal vehicle if possible?  | 6   | 9  | 0           |
| 6.   | Does your department have a continuity plan for times of emergencies?  | 12  | 2  | 1           |
| 6a.  | Does your department do any of the following?  • Create, continuously review, and make necessary updates to a workplace continuity plan for emergencies.  • Plan for high rates of absenteeism and disruptions in key functions of operations.  • Update emergency contact information of employees and contractors.   | 14  | 0  | 1           |
| 7.   | Does your department have existing environmental cleaning procedures that align with the Centers of Disease Control guidance?  | 10  | 2  | 3           |
| 7a.  | Has your department done any of the following? • Enhanced your environmental cleaning procedures and protocols with special attention to high touch services and objects (elevator buttons, counters, door handles, etc.) • Ensured that proper sanitizing is taking place.  | 13  | 1  | 1           |
| 8.   | Will staff absenteeism impact your department's operations?  | 14  | 0  | 1           |
| 8a.  | Has your department prepared a plan to institute flexible workplace and leave policies for employees who are sick, in self-isolation, or caring for family members?  | 14  | 1  | 0           |
| 9.   | Will your department employees or customers be participating in activities that could lead to potential exposure?  | 5   | 6  | 4           |
| 9a.  | Does your department do any of the following?  • Reinforce social distancing measures (avoid handshakes, maintain 6 feet distance between others).  • Avoid sharing communal office supplies and equipment (tables, electronic devices, pens).  • Avoid staff gatherings (potlucks, buffets, staff lunches).  • Advise employees to wash their hands between each client interaction.  | 15  | 0  | 0           |
| 10.  | Can your department infrastructure be easily altered to implement recommended health and prevention control measures?  | 10  | 4  | 1           |
| 10a. | Does your department do any of the following?  • Provide access to handwashing facilities and place hand sanitizing dispensers in locations throughout the workplace;  • Increase the spatial separation between desks and workstations as well as individuals to 6-feet or use a physical barrier (e.g., Plexiglas window), if possible;  • Enhance your environmental cleaning procedures and protocols with a special attention to high-touch surfaces and objects. | 15  | 0  | 0           |

### **Appendix C: Sample Departmental Report**

The report below represents a sample department specific report and complete risk and mitigation measures checklist provided to each respondent.



### Appendix C: Sample Departmental Report (Cont'd)

#### **Risks and Mitigation Measures Checklist**

| Ref | Question   | Mitigating Factors  |
|-----|--|---|
| 1   | Does your department<br>have employees at a<br>higher risk for serious<br>illness, such as older<br>adults (65 and older) or<br>people with chronic<br>medical conditions? | □Actively encourage sick employees to stay home. Employees with COVID-19 symptoms (i.e., fever, cough, or shortness of breath) should be advised to stay home; □Communication about risk to staff/clients should be emphasized; □ Encourage the use of individual measures such as frequent hand hygiene, social distancing, respiratory etiquette and staying home when ill; □ Consider minimizing face-to-face contact between these employees or assign work tasks that allow them to maintain a distance of six feet from other workers, customers and visitors, or to telework if possible.  |
| 2   | Does your department have employees that have recently travelled or attended an identified risk setting (e.g., conference where cases were known to be present)?           | The US Department of State has initiated a Level 4 Global Travel Advisory. This advisory discourages United States citizens from all international travel. International business travel should be suspended until further notice.  □ Domestic travel should be limited and destinations where COVID-19 is spreading rapidly should be avoided. Non-essential business travel should be avoided.  □If an employee has had close contact with another person who has been diagnosed with COVID-19 while traveling, the exposed employee should quarantine at home for 14 days.   |
| 3   | Does your department have any employees that have tested positive for COVID- 19?   | If an employee tests positive for COVID-19, close contacts of the employee should be notified, but the identity of the person who may have exposed them should not be shared.  □Return to work guidance for an employee diagnosed with COVID-19 that does not work in a healthcare setting: □ Stay home for at least seven days after you are tested AND wait until the employee is fever free for 72 hours; □ After encouraging the employee to follow the DOH isolation guidelines and consulting with your employee about their condition, the employee may go back to work. □ If an employee has had close contact with another employee who has been diagnosed with COVID-19, the exposed employee should quarantine at home for 14 days. □ If an employee did not have close contact with their coworker, they do not need to be sent home but should continue to closely monitor for symptoms.  More detailed guidance on exposure risks can be found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html</a> □ Employers should practice proper cleaning and sanitizing, especially if an employee has tested positive for COVID-19. More information on proper sanitizing practices can be found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html">https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html</a> |
| 4   | Does your department<br>have any employees that<br>have a household member<br>or close contact that has<br>tested positive for COVID-<br>19?                               | □ Because exposure is considered to be ongoing within the house, household contacts of persons with COVID-19 must be quarantined for 14 days after the case has been released from isolation. This means that household contacts will need to remain at home longer than the initial case. The symptoms may appear in as few as two days or as long as 14 days after exposure.  □ Employers should be practicing proper cleaning and sanitizing, especially if a customer or close contact of an employee has tested positive for COVID -19. More information on proper sanitizing practices can be found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html">https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html</a>  |

### Appendix C: Sample Departmental Report (Cont'd)

| Ref | Question  | Mitigating Factors   |
|-----|---|--|
| 5   | Does your department have employees, customers and visitors access your workplace/business by public transportation or rideshare?     | □Encourage employees/customers to take public transit at non-peak times or to use a personal vehicle if possible.  |
| 6   | Does your department have a continuity plan for times of emergencies?   | □Create a workplace continuity plan for emergencies, continually review and revise as needed. □ Plan for high rates of absenteeism and disruptions in key functions of operations. □ Update emergency contact information of employees and contractors.  |
| 7   | Does your department have existing environmental cleaning procedures that align with the Centers of Disease Control guidance?         | ☐ Enhance your environmental cleaning procedures and protocols with special attention to high touch services and objects (elevator buttons, counters, door handles, etc.) ☐ Ensure that proper sanitizing is taking place. ☐ The CDC guidance can be found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html">https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html</a>  |
| 8   | Will staff absenteeism impact your department's operations?   | ☐ Prepare and have a plan to institute flexible workplace and leave policies for employees who are sick, in self-isolation, or caring for family members.  |
| 9   | Will your department employees or customers be participating in activities that could lead to potential exposure?                     | ☐ Reinforce social distancing measures (avoid handshakes, maintain 6 feet distance between others) ☐ Avoid sharing communal office supplies and equipment (tables, electronic devices, pens) ☐ Avoid potlucks, buffets, staff lunches, and other instances where serving utensils, plates, trays, and other objects may be handled by multiple people. ☐ Employees should wash their hands between each client interaction.  |
| 10  | Can your department infra-<br>structure be easily altered<br>to implement recommend-<br>ed health and prevention<br>control measures? | <ul> <li>□ Provide access to handwashing facilities and place hand sanitizing dispensers in locations throughout the workplace;</li> <li>□ Provide additional supplies such as tissues, lined waste container, and hand hygiene products/supplies;</li> <li>□ Consider increasing the spatial separation between desks and workstations as well as individuals (employees, customers) from each other, ideally a 6-foot separation or use a physical barrier (e.g., cubicle, Plexiglas window), if possible;</li> <li>□ Enhance your environmental cleaning procedures and protocols with a special attention to high-touch surfaces and objects.</li> </ul> |

### **Appendix D: Survey Questionnaire**

Below is a copy of the risk survey questions.

| 6/9/2020  | Glendale, CA : Express Risk Survey   |
|---|--|
| Express Risk Survey   |  |
| COVID-19 Employee, Cus<br>Survey  | stomer, and Visitor Health Safety Express Risk   |
| The primary concern of the City is the  | health and safety of our employees, customers and visitors.  |
| intentionally kept this survey short kn   | facing each City department, Internal Audit developed a survey. We have assuing how impacted your schedules are. Please take 5-10 minutes to etermine how well your department is doing to address this concern. We fune 11, 2020. |
| Upon completion, you will receive you review and reference.   | ır risk score and the risks and mitigation measures checklist for your   |
| Please contact Internal Audit at <u>Intern</u>  | nalAuditSurvey@glendaleca.gov with any questions.  |
| We appreciate your participation in th  | is important survey.   |
| <ol> <li>Does your department have employ people with chronic medical condition</li> <li>Yes</li> <li>No</li> </ol> | ees at a higher risk for serious illness, such as older adults (65 and older) or<br>as?  |
| O Not Sure  |  |
| 1a. Does your department do any of th   | ne following?  |
| Actively encourage sick employer  | ees to stay home   |
| <ul> <li>Emphasize risk to staff/clients</li> <li>Encourage frequent hand hygien</li> </ul>                         | ne, social distancing, and respiratory etiquette   |
| Minimize face-to-face contact be  |  |
| <ul><li>○ Yes</li><li>○ No</li><li>○ Not Sure</li></ul>   |  |
|   |  |
| 2. Does your department have employ conference where cases were known to  | rees that have recently travelled or attended an identified risk setting (e.g., o be present)?   |
| nttps://home/departments/innovation-performance-and   | d-audit/express-risk-survey 1/5  |

| 6/9/2020                          | Glendale, CA : Express Risk Survey  |     |
|-----------------------------------|---|-----|
| O Yes O No O Not S                | ure   |     |
| 2a. Does                          | your department do any of the following:  |     |
| <ul><li>Av</li><li>If a</li></ul> | scourage personal domestic or international travel?  oid/limit non-essential business travel?  on employee has had close contact with another person who has been diagnosed with COVID-19 while veling, require the exposed employee to quarantine at home for 14 days. |     |
| *                                 |   |     |
| O Yes O No O Not S                | ure   |     |
| 3. Does y  Yes  No Not S          | our department have any employees that have tested positive for COVID-19? *   |     |
| 3a. Does                          | your department do any of the following?  |     |
|                                   | tify close contacts of the employee and requiring the employee to stay home for at least seven days after ng tested AND be fever free for 72 hours.   | er  |
|                                   | n employee has had close contact with an employee diagnosed with COVID-19, require the exposed ployee to quarantine at home for 14 days.  |     |
|                                   | actice proper cleaning and sanitizing, especially if an employee has tested positive for COVID-19.  |     |
| *                                 |   |     |
| O Yes O No O Not S                | ure   |     |
|                                   | our department have any employees that have a household member or close contact that has tested or COVID-19?  |     |
| https://home/d                    | epartments/innovation-performance-and-audit/express-risk-survey   | 2/5 |

|  | Glendale, CA : Express Risk Survey  |
|--|---|
| 4a. Does your de   | epartment do any of the following?  |
| • Practice p   | mployees to be quarantined for 14 days after the case has been released from isolation. roper cleaning and sanitizing, especially if a customer or close contact of an employee has tested or COVID-19.     |
| *  |   |
| <ul><li>○ Yes</li><li>○ No</li><li>○ Not Sure</li></ul>  |   |
| 5. Does your dep<br>transportation o   | partment have employees, customers and visitors access your workplace/business by public<br>or rideshare?   |
| *  |   |
| O Yes  |   |
| O Not Sure   |   |
| * O Yes O No O Not Sure  |   |
| 6 Door your do   | partment have a continuity plan for times of emergencies? *   |
| -  |   |
| O Yes  |   |
| -  |   |
| <ul><li>○ Yes</li><li>○ No</li><li>○ Not Sure</li></ul>  | epartment do any of the following?  |
| <ul><li>○ Yes</li><li>○ No</li><li>○ Not Sure</li><li>6a. Does your de</li></ul>   |   |
| <ul><li>Yes</li><li>No</li><li>Not Sure</li><li>6a. Does your de</li><li>Create, co</li></ul>  | epartment do any of the following?  Intinuously review, and make necessary updates to a workplace continuity plan for emergencies. igh rates of absenteeism and disruptions in key functions of operations. |
| <ul> <li>Yes</li> <li>No</li> <li>Not Sure</li> </ul> 6a. Does your de <ul> <li>Create, co</li> <li>Plan for h</li> </ul>                      | ntinuously review, and make necessary updates to a workplace continuity plan for emergencies.   |
| <ul> <li>Yes</li> <li>No</li> <li>Not Sure</li> </ul> 6a. Does your de <ul> <li>Create, co</li> <li>Plan for h</li> </ul>                      | ntinuously review, and make necessary updates to a workplace continuity plan for emergencies. igh rates of absenteeism and disruptions in key functions of operations.                                      |
| <ul> <li>Yes</li> <li>No</li> <li>Not Sure</li> </ul> 6a. Does your de <ul> <li>Create, co</li> <li>Plan for h</li> <li>Update en</li> </ul>   | ntinuously review, and make necessary updates to a workplace continuity plan for emergencies. igh rates of absenteeism and disruptions in key functions of operations.                                      |
| <ul> <li>Yes</li> <li>No</li> <li>Not Sure</li> </ul> 6a. Does your do <ul> <li>Create, co</li> <li>Plan for h</li> <li>Update en</li> </ul> * | ntinuously review, and make necessary updates to a workplace continuity plan for emergencies. igh rates of absenteeism and disruptions in key functions of operations.                                      |

| 6 | 9/2020 Glendale, CA : Express Risk Survey   |  |
|---|---|--|
|   | 7. Does your department have existing environmental cleaning procedures that align with the Centers for Disease Control and Prevention guidelines?  |  |
|   | Yes No Not Sure   |  |
|   | 7a. Has your department done any of the following?  |  |
|   | <ul> <li>Enhanced your environmental cleaning procedures and protocols with special attention to high touch services and objects (elevator buttons, counters, door handles, etc.)</li> <li>Ensured that proper sanitizing is taking place.</li> </ul>                               |  |
|   | *   |  |
|   | ) Yes   |  |
|   | ○ No ○ Not Sure   |  |
|   | 3. Will staff absenteeism impact your department's operations? *  Yes  No  Not Sure  Ba. Has your department prepared a plan to institute flexible workplace and leave policies for employees who are sick, in self-isolation, or caring for family members?  Yes  No  No  Not Sure |  |
|   | O. Will your department employees or customers be participating in activities that could lead to potential exposure?  * O Yes O No O Not Sure   |  |
| h | ps://home/departments/innovation-performance-and-audit/express-risk-survey 4/5  |  |
|   |   |  |

| 5/9/2020   | Glendale, CA : Express Risk Survey   |  |
|--|--|--|
| 9a. Does your departme   | ent do any of the following?   |  |
| <ul> <li>Reinforce social distancing measures (avoid handshakes, maintain 6 feet distance between others).</li> <li>Avoid sharing communal office supplies and equipment (tables, electronic devices, pens).</li> <li>Avoid staff gatherings (potlucks, buffets, staff lunches).</li> <li>Advise employees to wash their hands between each client interaction.</li> </ul> |  |  |
| <ul><li>○ Yes</li><li>○ No</li><li>○ Not Sure</li></ul>  |  |  |
| 10. Can your department control measures?  | nt infrastructure be easily altered to implement recommended health and prevention   |  |
| O Yes  |  |  |
| O No   |  |  |
| O Not Sure   |  |  |
| 10a. Does your departm   | nent do any of the following?  |  |
| Provide access to  | handwashing facilities and place hand sanitizing dispensers in locations throughout the  |  |
| workplace;   | and a sum of the sum o |  |
|  | ial separation between desks and workstations as well as individuals to 6-feet or use a e.g., Plexiglas window), if possible;  |  |
| 122 5 1  | vironmental cleaning procedures and protocols with a special attention to high-touch   |  |
| *  |  |  |
| O Yes  |  |  |
| O No   |  |  |
| O Not Sure   |  |  |
|  |  |  |
| To receive a copy of you<br>Email Address  | r submission, please fill out your email address below and submit.   |  |
| SUBMIT   |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |