

Welcome and Introductions

Wednesday, May 26, 2021



Allen Jansen

Senior Deputy Director

Behavioral Health and Developmental Disabilities

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Special Announcement



- **Animatronic companion pet adoption project**

Tammy Cordes

Special Projects Coordinator

Michigan Long Term Care Ombudsman Program

tcordes@meji.org

- ✓ Licensed HFA providers
- ✓ Companion Pet Adoption Project
- ✓ Survey to determine need and interest
- ✓ Project contingent upon funding availability
- ✓ Email Tammy Cordes, *Project Coordinator*, at tcordes@meji.org, by June 4



MLTCOP

MICHIGAN LONG TERM CARE
OMBUDSMAN PROGRAM



Today's topics and guests

- **May 21st Emergency Order**
Katie Commey, Manager
Strategic Partnerships and Special Projects
- **Revised MIOSHA Workplace Guidelines**
Anthony Smykla, Industrial Hygienist
Michigan Occupational Safety & Health Administration
- **Impact of Mask Guidelines on AFCs and HFAs**
- **Technical Assistance for PPE**
Denise Parr, IPRAT Lead Manager
Infection Prevention Resource & Assessment Team (IPRAT)
Division of Communicable Diseases

Review of MDHHS Visitation and Communal Activities Order



Katie Commey, MPH

Strategic Partnerships and Special Projects
Medical Services Administration

MDHHS May 21 visitation and communal activities order impacting Nursing Homes, Homes for the Aged, Adult Foster Care Facilities, Hospice Facilities, Substance Use Disorder Residential Facilities, and Assisted Living Facilities reflects guidance released on April 27 from CMS and the CDC.

[Requirements for Residential Care Facilities - Rescission of March 17, 2021](#)

BASIC INFORMATION

- WHO does this order apply to?
 - Residential Care Facilities
nursing home, home for the aged, adult foster care facility, hospice facility, substance use disorder residential facility, or assisted living facility. It does not include independent living facilities.
- WHAT is the effective date?
 - May 21, 2021
- DO previously issued Emergency Orders still apply?
 - This order rescinds the March 17, 2021 order entitled "Requirements for Residential Care Facilities"

WHAT IS INCLUDED?

- Residential Care Facilities are required to comply with CMS [QSO-20-39-NH](#) (issued September 17, 2020 and revised on April 27, 2021)
- Allow communal dining and group activities with appropriate infection prevention efforts for residents that are not in isolation or otherwise under observation for symptoms of COVID-19
- Inform residents/employees of identification of COVID-19 within the facility within 12 hours of identification
- Maintain accurate and current COVID-19 records, report consistent with MDHHS surveillance reporting guidance

VISITATION:

Highlights from CMS QSO-20-39-NH

- Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations
- Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19
- Hand hygiene
- Face covering or mask (covering mouth and nose), and social distancing at least six feet between persons, in accordance to [CDC guidance](#)
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required*

VISITATION GUIDANCE

FROM CMS QSO-20-39-NH

- Outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19
- Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances discussed on next slide

REPRESENTS **NO** CHANGE
FROM PREVIOUS GUIDANCE

LIMITATIONS ON INDOOR VISITATION FROM CMS QSO-20-39-NH

Limit indoor visitation in the following scenarios:

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Residents with confirmed COVID-19 infection
- Residents in quarantine, whether vaccinated or unvaccinated
- During initial round of outbreak testing at least

REPRESENTS **NO** CHANGE
FROM PREVIOUS GUIDANCE

COMPASSIONATE CARE SITUATIONS

FROM CMS QSO-20-39-NH

- Visitation should not be limited for compassionate care situations, even if scenarios that would otherwise limit indoor visitation exist.
- Residents with confirmed COVID-19 in isolation may have in-person compassionate care visits, with adherence to transmission-based precautions; though virtual and window visits are also options.
- Facilities should work with residents, families, caregivers, resident representatives, and the local Long Term Care Ombudsman program to identify the need for compassionate care visits

REPRESENTS **NO** CHANGE
FROM PREVIOUS GUIDANCE

VISITOR TESTING & VACCINATION FROM CMS QSO-20-39-NH

- Facilities in medium- or high-positivity counties are encouraged to offer testing to visitors
- Facilities may also encourage visitors to be tested on their own prior to coming to the facility
- Visitors should be encouraged to become vaccinated when they have the opportunity

HOWEVER

- Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation

- The most current CDC Healthcare Infection Prevention and Control Recommendations :
 - If the resident is fully vaccinated, they may choose to have close contact (including touch) with their unvaccinated visitor(s) while both wearing a well-fitting face mask and performing hand-hygiene before and after.
 - While alone in resident's room or designated visitation room, residents and their visitor(s) may choose to have close contact (including touch) and to not wear source control if residents and all of their visitors are fully vaccinated.



REPRESENTS CHANGE FROM
PREVIOUS GUIDANCE



COMMUNAL DINING AND GROUP ACTIVITIES

MDHHS May 21 visitation and communal activities order defines “communal dining and group activities” as dining areas and group activities involving residents in facilities that house more than six individuals.

[Requirements for Residential Care Facilities - Rescission of March 17, 2021](#)

COMMUNAL DINING AND GROUP ACTIVITIES

- Make efforts to allow communal dining and group activities to occur for those residents who are not in isolation or are otherwise not under observation for symptoms of COVID-19.
- Ensure that dining and group activities:
 - Have adequate physical distancing, at least six feet between participants, any time a resident who is not fully vaccinated is present.
 - Require participating residents to wear masks, if able, when not eating or drinking, any time a resident who is not fully vaccinated is present.
 - Provide access to hand hygiene.

REPRESENTS CHANGE FROM
PREVIOUS GUIDANCE

Revised MIOSHA Workplace Guidelines



Anthony Smykla

Michigan Occupational Safety and Health
Administration

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
GENERAL RULES

EMERGENCY RULES

CORONAVIRUS DISEASE 2019 (COVID-19)

Filed with the secretary of state on

These rules take effect upon filing with the secretary of state and shall remain in effect until October 14, 2021.

(By authority conferred on the director of the department of labor and economic opportunity by sections 19, 21, and 24 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1019, 408.1021, and 408.1024, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2008-4, 2011-4, and 2019-3, MCL 330.3101, 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

FINDING OF EMERGENCY

These rules are promulgated by the Director of the Michigan Department of Labor and Economic Opportunity to establish requirements for employers to control, prevent, and mitigate the spread of coronavirus disease 2019 (COVID-19) among employees. Based on the best available scientific evidence and public health guidance published by the U.S. Centers for Disease Control (CDC) and other public health authorities, COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is easily transmitted through the air from person-to-person through respiratory aerosols. In addition to its contagious nature, COVID-19 is dangerous and deadly. As of May 11, 2021, the State of Michigan had a total of 867,341 confirmed cases and 18,338 deaths.

Work, by its nature, removes people from the confines and relative safety of their homes to interact with others who may be carrying the virus including coworkers, customers, patients, or the public at large. Employees who come into contact with others at work are at elevated risk of infection.

Since March 2020, employers have reported 61 worker deaths from COVID-19 in Michigan and 173 in-patient hospitalizations for COVID-19 potentially linked to workplace exposure to SARS-CoV-2. MIOSHA has received over 15,000 complaints from employees alleging uncontrolled COVID-19 hazards in the workplace and 580 referrals from local government, including local health departments, indicating that businesses were not taking all the necessary measures to protect their employees from SARS-CoV-2 infection.

May 21, 2021

To date, the Food and Drug Administration has granted emergency use authorization to three vaccines to prevent COVID-19, providing a path to end the pandemic. The State of Michigan is part of the largest mass vaccination effort in modern history and is presently working toward vaccinating at least 70% of its residents 16 and older as quickly as possible.

The Legislature has declared that “all employees shall be provided safe and healthful work environments free of recognized hazards.” MCL 408.1009. Employers must provide employees with “a place of employment that is free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to the employee.” MCL 408.1011(a). Nonetheless, Michigan’s experience with COVID-19 demonstrates that the disease can spread rapidly without protective measures and standards in place. Workplaces, where employees, customers, and members of the public congregate, pose a particular threat for COVID-19’s spread. To mitigate and limit COVID-19’s spread in workplaces and to protect employees across Michigan, it is necessary to impose these rules and standards.

Businesses must do their part to protect employees, their patrons, and their communities. Many businesses have already done so by implementing robust safeguards to prevent viral transmission. But we can and must do more: no one should feel unsafe at work. Pursuant to section 21(2) of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1021, I find that these emergency rules are necessary to protect employees during the ongoing COVID-19 pandemic.

Based on the best available scientific evidence and public health guidance available regarding the spread of COVID-19 in the workplace, I find that these emergency rules are necessary to protect employees. If the non-emergency rulemaking process specified in the administrative procedures act of 1969 (APA), 1969 PA 306, MCL 24.201 to 24.328, for the promulgation of rules was followed, employees across Michigan may be unnecessarily exposed to SARS-CoV-2 during the rule promulgation process. Further, existing MIOSHA rules do not directly address COVID-19’s spread in the workplace and employees are likely to experience an increased probability of infection at work until the protective measures in this rule are in place. Accordingly, following the non-emergency rulemaking process would undermine the effectiveness of Michigan’s emergency response to COVID-19, and expose Michigan workers to a higher risk of contracting the disease in their places of employment.

The Director, therefore, for the preservation of the public health, safety, and welfare, finds that a clear and convincing need exists for the promulgation of emergency rules as provided in section 48 of the APA, MCL 24.248, without following the notice and participation procedures required by sections 41 and 42 of the APA, MCL 24.241 and 24.242.

Rule 1. Scope and application.

These rules apply to all employers covered in the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094, for SARS-CoV-2 coronavirus and COVID-19.

Rule 1a. Application of other rules.

These emergency rules supersede the entirety of the emergency rules filed on October 14, 2020, and the extension of these emergency rules filed on April 13, 2021.

Rule 1b. Suspension of previous rule.

In the event these emergency rules issued on May 24, 2021 are deemed invalid by a court of competent jurisdiction, the previously filed rules will remain effective for the duration of the extension.

Rule 2. Definitions.

As used in these rules:

(a) “Close contact” means close contact as defined by the latest United States Centers for Disease Control and Prevention (CDC) guidelines at the time of contact.

(b) “COVID-19” means a viral respiratory illness characterized by symptoms defined by the CDC.

(c) “Known cases of COVID-19” means persons who have been confirmed through diagnostic testing to have COVID-19.

(d) “SARS-CoV-2” means the novel coronavirus identified as SARS-CoV-2 or a virus mutating from SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the virus which is the causative agent of COVID-19.

(e) “Suspected cases of COVID-19” means persons who have symptoms of COVID-19 but have not been confirmed through diagnostic testing or unvaccinated persons who have had close contact with a person who has been confirmed through diagnostic testing to have COVID-19.

(f) “Fully vaccinated persons” means persons for whom at least 2 weeks have passed after receiving the final dose of an FDA-approved or authorized COVID-19 vaccine.

Rule 3. COVID-19 preparedness and response plan for all employers.

(1) The employer shall develop and implement a written COVID-19 preparedness and response plan consistent with these rules and current guidance for COVID-19 from the CDC and the Occupational Health and Safety Administration (OSHA).

(2) The preparedness and response plan shall include the measures the employer will implement to prevent employee exposure, including any applicable:

(a) Engineering controls.

(b) Administrative controls.

(c) Basic infection prevention measures.

(d) Personal protective equipment.

(e) Health surveillance.

(f) Training.

(3) The employer shall make the preparedness and response plan readily available to employees and their representatives, whether via website, internal network, or by hard copy.

Rule 4. Basic infection prevention measures for all employers.

(1) The employer shall promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, the employer shall provide antiseptic hand sanitizers or alcohol-based hand towelettes containing at least 60 percent alcohol.

(2) The employer shall require workers who are experiencing symptoms of COVID-19 to not report to work or work in an isolated location.

(3) The employer shall increase facility cleaning and disinfection to limit exposure to SARS-CoV-2, in accordance with the latest CDC guidance.

(4) The employer shall use Environmental Protection Agency (EPA)-approved disinfectants that are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.

Rule 5. Health surveillance for all employers.

(1) The employer shall conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

(2) The employer shall direct employees to promptly report any signs and symptoms of COVID-19 to the employer before or during the work shift.

(3) The employer shall physically isolate any employees known or suspected to have COVID-19 from the remainder of the workforce, using measures such as, but not limited to:

(a) Not allowing known or suspected cases to report to work.

(b) Sending known or suspected cases away from the workplace.

(c) Assigning known or suspected cases to work alone at a remote location (for example, their home), as their health allows.

(4) When an employer learns of an employee, visitor, or customer with a known case of COVID-19, the employer shall, within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a known case of COVID-19.

(5) The employer shall allow employees with a known or suspected case of COVID-19 to return to the workplace only after they are no longer infectious according to the latest guidelines from the CDC.

Rule 6. Workplace controls for all employers.

(1) The employer shall designate 1 or more worksite COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 control strategies developed under these rules.

(2) The employer shall ensure that any employees, except fully vaccinated persons, remain at least 6 feet from one another to the maximum extent feasible while on worksite premises.

(3) The employer shall provide non-medical grade face coverings to their employees at no cost to the employee. Employers are not required to provide non-medical grade face coverings to fully vaccinated persons.

(4) The employer shall require any employee, except fully vaccinated persons, to wear face coverings when employees cannot consistently maintain 6 feet of separation from other individuals indoors in the workplace. However, fully vaccinated persons must continue to wear face coverings when in the healthcare setting where patients may be present and when using airplane or public transportation if required by the latest CDC guidance.

(5) Compliance with subrules (2) and (4) of this rule may be accomplished in a manner deemed effective for the place of employment. This may include:

(a) Keeping records of whether employees are fully vaccinated persons, and exempting them from subrules (2) and (4) of this rule accordingly.

(b) Posting signs in the work area reminding employees that are not fully vaccinated to wear face coverings and maintain appropriate distancing.

(c) Allowing or requiring remote work.

(d) Requiring face coverings and social distancing for all employees regardless of vaccination status.

Rule 7. Training requirements for all employers.

(1) The employer shall provide training to employees on SARS-CoV-2 and COVID-19.

(2) The employer shall provide any communication and training on COVID-19 infection control practices in the primary languages common in the employee population.

(3) The training shall cover all of the following:

(a) Workplace infection-control practices, including information on vaccinations available for COVID-19.

(b) The proper use of personal protective equipment.

(c) Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.

(d) How to report unsafe working conditions.

(4) The employer shall provide updated training if it changes its preparedness and response plan, or new information becomes available about the transmission of SARS-CoV-2 or diagnosis of COVID-19.

Rule 8. Recordkeeping requirements for all employers.

(1) Employers must maintain a record of the following requirements:

(a) Training. The employer shall maintain a record of all COVID-19 employee training.

(b) Health screening protocols. The employer shall maintain a record of health screening for each non-vaccinated employee or contractor entering the workplace.

(c) If proceeding under Rule 6(5)(a), vaccination information sufficient for implementation

(d) Records of required notifications. The employer shall maintain a record of each notification required by Rule 5 of these rules.

(2) Employers must maintain records for 6 months from time of generation.

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

05/21/2021

Date



Susan Corbin
Acting Director

Pursuant to Section 48(1) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.248(1), I hereby concur in the finding of the Department of Labor and Economic Opportunity that circumstances creating an emergency have occurred and the public interest requires the promulgation of the above rules.

5/23/2021

Date



Honorable Gretchen Whitmer
Governor

FIND THIS DOCUMENT AT:

https://www.michigan.gov/documents/leo/MIOSHA_COVID_Emergency_Rules_726100_7.pdf

IPRAT INBOX:

[MDHHS-
IPRAT@MICHIGAN.GOV](mailto:MDHHS-IPRAT@MICHIGAN.GOV)

IPRAT WEBSITE:

WWW.MICHIGAN.GOV/IPRAT

May 26, 2021



IPRAT

Infection Prevention Resource and Assessment Team

Choosing Safer Activities

While fully vaccinated people will be able to resume many activities without wearing a mask or social distancing, **exceptions exist** as required by federal, state, local, tribal or territorial laws, rules and regulations, **including local business and workplace guidance** that remain in effect.

-  **Safest**
-  **Less Safe**
-  **Least Safe**



Unvaccinated

Fully Vaccinated

	Attend a small, outdoor gathering with fully vaccinated family and friends	
	Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
	Dine at an outdoor restaurant with friends from multiple households	
	Attend a crowded, outdoor event, like a live performance, parade, or sports event	
	Visit an indoor barber or hair salon	
	Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	
	Eat at an indoor restaurant or bar	
	Participate in an indoor, high intensity exercise class	

Masking In Healthcare

CDC

- Masking is still required for healthcare workers.
- Universal source control measures.

CMS

- Masking is still required for healthcare workers.
- Universal source control measures.

MDHHS

- Masking is still required for healthcare workers.
- Universal source control measures.

MIOSHA

- Emergency rules have been updated to reflect guidance from CDC and MDHHS.

Leaving the facility?

Assess the risk.

- The facility should educate the resident and their family on the risks associated with leaving the facility for an activity.
- If unvaccinated persons will be present then all should follow infection prevention core measures of masking, hand hygiene, and social distancing.
- All persons before attending activity should screen for signs/symptoms of SARS-CoV-2 infection. Those ill should not attend to protect the others.
- Resident should be screened for signs/symptoms of SARS-CoV-2 infection upon return to the facility.
- Resident and family should discuss with the facility if an exposure opportunity occurred while away.
- Exposure = prolonged close contact, within 6 feet, of an infected person for a cumulative total of 15 minutes or more over a 24-hour period.

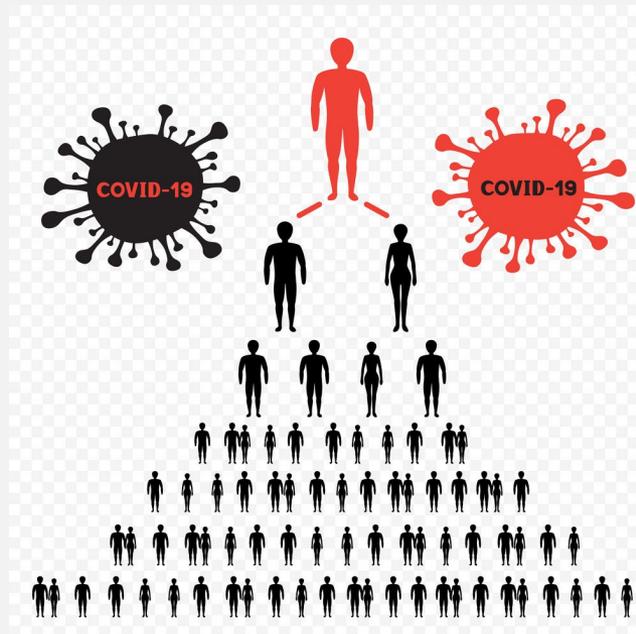
How to Determine Quarantine Status After Returning to the Facility

	Known Exposure	Symptomatic	Medical appointments, dialysis, hospital stay, family or community outing		New admissions
			Leave is Less than 24 hours - with no known exposure or symptoms	Leave is More than 24 hours with no known exposure or symptoms	
Resident Fully Vaccinated ¹	Quarantine ²	Quarantine	No quarantine	No quarantine	No quarantine
Resident Not Fully Vaccinated ¹	Quarantine ³	Quarantine	No quarantine	a. Quarantine for hospital stay; b. For all others, assess risk of exposure ⁴ (e.g., Activity, Time Precautions Taken, Resource Available)	Quarantine
Resident COVID-recovered within 90 days	No quarantine ⁵	Quarantine ⁶	No quarantine	No quarantine	No quarantine

MDHHS
APRIL 2, 2021

- [Guidance to Protect Residents of Long-Term Care Facilities \(michigan.gov\)](https://www.michigan.gov)

QUARANTINE



- You had an **exposure** and may become ill.
- Means staying home (placing the resident in transmission-based precautions), monitoring your health, and maintaining social distancing from others.
- Quarantine keeps someone who may have been **exposed** to the virus away from others to reduce the likelihood of spread.
- Congregate settings are vulnerable and need to be protected.
- Healthcare worker **vaccinated** and exposed **NO** quarantine for HCW but need to screen per CDC.
- HCW **unvaccinated** and exposed = quarantine.

How to Determine Quarantine Status After Returning to the Facility

	Known Exposure	Symptomatic	Medical appointments, dialysis, hospital stay, family or community outing		New admissions
			Leave is Less than 24 hours - with no known exposure or symptoms	Leave is More than 24 hours - with no known exposure or symptoms	
Resident Fully Vaccinated ¹	Quarantine ²	Quarantine	No quarantine	No quarantine	No quarantine
Resident Not Fully Vaccinated ¹	Quarantine ³	Quarantine	No quarantine	a. Quarantine for hospital stay; b. For all others, assess risk of exposure ⁴ (e.g., Activity, Time, Precautions Taken, Resources Available)	Quarantine
Resident COVID-recovered within 90 days	No quarantine ⁵	Quarantine ⁶	No quarantine	No quarantine	No quarantine

MDHHS
 APRIL 2, 2021

- [Guidance to Protect Residents of Long-Term Care Facilities \(michigan.gov\)](https://www.michigan.gov)

CMS [QSO-20-38-NH](#)
4/27/2021

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested	Residents, <i>vaccinated and unvaccinated</i> , with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*	Test all residents, <i>vaccinated and unvaccinated</i> , that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

*For outbreak testing, all staff and residents should be tested, *regardless of vaccination status*, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. For more information, please review the section below titled, "Testing of Staff and Residents in Response to an Outbreak."

RESIDENT QUARANTINE DURING OUTBREAK TESTING

	Known Exposure
Resident Fully Vaccinated ¹	Quarantine ²
Resident Not Fully Vaccinated ¹	Quarantine ³

- Outbreak testing for a new COVID-19 infection in any healthcare worker or any facility onset COVID-19 infection in a resident.
- The safest practice is to quarantine residents that were exposed despite their vaccination status due to vulnerable population.
- Whether the person who became COVID-19 positive wore a mask or not, the resident has been exposed and this starts quarantine of resident.

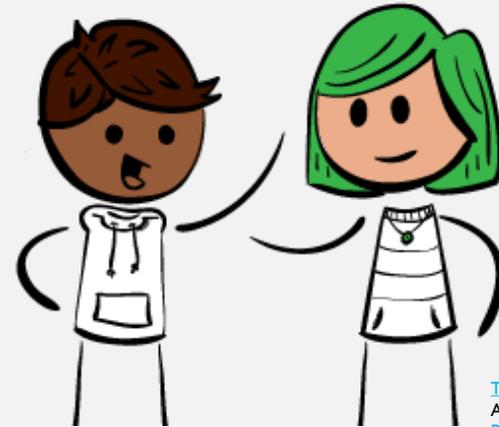
[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

Visitation tips:
If in doubt on vaccination status, follow core infection
prevention practices



Masking needed

- Unvaccinated resident with visitor
- Healthcare worker and resident when interacting.
- When resident leaves facility for a location where vaccinated and unvaccinated people will be comingling.



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Masking NOT needed

- Vaccinated resident with vaccinated visitor alone in room. Mask if someone else enters room.
- Vaccinated HCW in breakroom with vaccinated HCW.



Infection Prevention Resource and Assessment Team

AFC/HFA Supplies Outreach

<i>Facility Name:</i>	
<i>Facility County:</i>	
Date/Time	
IPRAT Team member initiating contact	
Facility Staff on Call with contact information	
PPE Reporting Verification	RESPONSE
<p>We see that you reported you will be out of _____ (gloves, gowns, masks etc.) in the next 7 days. Is this correct?</p> <p>Facility has confirmed via outreach from MSA that they have supply</p>	
<p>If this was a reporting error, would you like assistance on submitting a corrected PPE report?</p> <p>MSA has confirmed data entry error; no further assistance is needed to correct PPE report at this time. _____ (information given in MSA referral)</p>	
Are you using a PPE usage calculator to assess your weekly use?	
Does your facility currently have ANY of the following items?	RESPONSE
N95 respirators	
Surgical mask	
Eye protection	
Gowns	
Gloves	
Alcohol-based hand sanitizer	
Is your facility practicing crisis capacity strategy for PPE (reuse)?	RESPONSE
N95 respirators	
Surgical mask	
Eye protection	
Gowns	
Gloves	
Is your facility practicing extended use for PPE?	RESPONSE
N95 respirators	
Surgical mask	
Eye protection	
Gowns	
Gloves	

IPRAT OUTREACH CALLS

We are reaching out to help.

Concluding Remarks

Reminder

A recording of today's presentation will be sent to the groups below, and they will email it to their members.

- Community Mental Health Association of Michigan
- Michigan Assisted Living Association
- Michigan Center for Assisted Living
- Leading Age of Michigan

You can also download the slides from our presentations at Michigan.gov/Coronavirus. Click the RESOURCES tab and select "For AFC and HFA Operators." Scroll to bottom of page.

Send your questions/comments to:

Staffing: MDHHS-LTCStaffing@michigan.gov

Vaccines: MDHHS-COVID-Longtermcare@Michigan.gov

Testing: MDHHS-COVIDTestingSupport@michigan.gov

Emergency Orders: MDHHS-MSA-COVID19@michigan.gov

All Other Questions:

MDHHS-COVID-AFC-HFA-Response@michigan.gov

- Subscribe to correspondence at this link: [Subscribe](#)