

# Welcome and Introductions



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.*

# Communities of Practice with IPRAT-OS

( Infection Prevention Resource and Assessment Team – Onsite )



Hilary Marine, MSN, CPNP  
Division of Communicable Diseases

# Who we are

- MDHHS Infection Prevention Resource and Assessment Team (IPRAT)
  - Remote Team
    - Nurse Consultant
    - Infection Preventionist
  - On-site team (IPRAT-OS)
    - Currently, 4 teams with each team consisting of nurse consultant, infection preventionist, and data analyst
    - Established to carry out initiatives related to the containment of special pathogens in Long Term Care Facilities and other congregate settings throughout Michigan.



Infection Prevention Resource and Assessment Team - On Site

# What we do

- Assist with infection prevention questions: personal protective equipment (PPE), co-horting of residents, testing strategies, staff exclusion, etc.
- Review infection prevention policies, procedures, and practices
- Conduct virtual and onsite Infection Control Assessment and Response (ICARs) for facilities to prevent or contain special pathogens such as COVID-19
- Review and strengthen the understanding of Centers for Medicare and Medicaid Services (CMS), Center for Disease Control and Prevention (CDC) and MDHHS guidance
- Assist Local Health Departments (LHDs) with prioritizing facilities in their jurisdiction to focus resources and supplies
- Provide consultation report with action plan to assist facilities in their quality improvement process
- How do I refer a facility or ask a question? It's simple!
  - Contact us via email: [MDHHS-IPRAT@michigan.gov](mailto:MDHHS-IPRAT@michigan.gov)

# Consultation Outcomes



Infection Prevention Resource and Assessment Team

## Remote

- Email with guidance related to facility concerns
- Phone conversation with guidance

## Onsite

- Email with initial guidance
- Sent post ICAR
  - Action Plan tailored to facility needs
  - Consultation report (SBAR format)

### Infection Prevention Training

[CDC Project Firstline](#) trainings – has resources and training modules ready for use.

[CDC Nursing Homes and Assisted Living Infection Prevention Training](#) – modules and videos.

[MI-Train](#) – has trainings for an infection prevention designated position.

### General Resources

[Preparing for COVID-19 in Nursing Homes](#) – November 20, 2020

CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#)

During the COVID-19 Pandemic December 14, 2020

CDC [Facility COVID-19 Screening form](#)

CDC [Putting On \(Don\) and Taking Off \(Doff\) Personal Protective Equipment](#)

CDC [Optimizing Personal Protective Equipment \(PPE\) Supplies](#) July 16, 2020

CDC [PPE FAQ](#) August 8, 2020

CDC [Wearing a Mask](#) December 18, 2020

CDC [Clean Hands Count](#)

### Vaccination & Testing

CDC COVID-19 [Vaccine Communication Toolkit](#)

[MDHHS LTC FAQ](#) – Testing questions November 23, 2020

[MI Safe Start Map](#) dashboard for monitoring the risk of spread in a region.

CDC [Considerations for Interpretation of Antigen Tests in LTCF](#)

### Respiratory Protection Program

OSHA - [How to put on \(don\) and take off \(doff\) your N95 respirator mask](#)

OSHA [Common COVID-19 Citations: Helping Employers Better Protect Workers and Comply with OSHA Regulations](#) – has embedded links to assist with each item of OSHA reporting.

### Cleaning and Disinfecting

CDC [Cleaning and Disinfecting your Facility](#)

EPA [List N Disinfectants for COVID-19](#)

Have more questions? Please email us at [MDHHS-IPRAT@michigan.gov](mailto:MDHHS-IPRAT@michigan.gov)

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Free, non-regulatory, infection prevention consultative service for congregate care settings.

# Action Plan Example

- Action plan is included in the email provided to facility post ICAR or site visit.
- IPRAT-OS does not produce policies or procedures for the facilities, but we are happy to review and provide guidance.

## Priority Definitions

Low	Informational only
Medium	Risk of regulatory harm
Medium High	Risk of morbidity for staff or residents
High	Risk of mortality or significant morbidity to staff or residents – Immediate Action Required

## Infection Prevention

Priority	Observations	Action	Comments/Support Links
High	<ul style="list-style-type: none"> <li>There is currently not a staff member designated to lead the facility's infection prevention program.</li> </ul>	<ul style="list-style-type: none"> <li>Review infection prevention staffing ratios based on facility size and strongly consider adding another 0.5-1.0 FTE for infection prevention.</li> <li>Dedicate staff as infection prevention champions for each unit, including weekend and night shifts, to monitor infection prevention practices.</li> <li>Review infection prevention materials and guidelines.</li> </ul>	<p>It is recommended that staffing of 1.0-1.5 FTE IPs per 100 occupied beds.</p> <p><a href="#">Infection Prevention Staffing Model</a></p> <p>Appendix A. Infection Prevention Educational Materials and Resources.</p>
High	<ul style="list-style-type: none"> <li>A large infectious disease outbreak occurred within the facility.</li> </ul>	<ul style="list-style-type: none"> <li>Recommend designating a team to review COVID-19 guidelines and literature, create policies and procedures based on those guidelines, and act as infection prevention representatives.</li> </ul>	<p><a href="#">Preparing for COVID-19 in Nursing Homes</a></p> <p><a href="#">2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings</a></p> <p><a href="#">Chain of Infection - CDC</a></p>
Medium - High	<ul style="list-style-type: none"> <li>Contact tracing is not occurring within the facility.</li> </ul>	<ul style="list-style-type: none"> <li>Create contact tracing guidelines specific for your facility based on current literature provided.</li> <li>Track all positive staff and residents in two separate Excel spreadsheets</li> </ul>	<p><a href="#">Contact Tracing for COVID-19</a></p> <p><a href="#">Contact Tracing: Using Digital Tools</a></p> <p><a href="#">Staff Line List for COVID-19 (example)</a></p>

Email: MDHHS-IPRAT@michigan.gov

# Facility Report Example

\*Coming Soon

In progress:

A data report, tailored to the facilities, that will be provided with the Action Plan

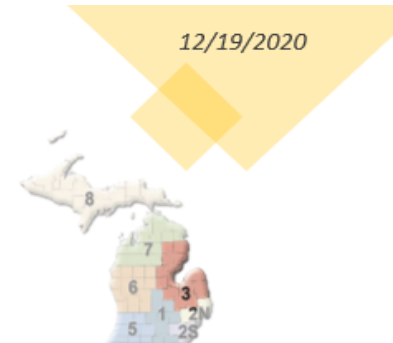
## Risk Level and Test Positivity | CMS Test Positivity Rates | MI Start Map

Source	Reporting Period	Location	Population	Risk Level Classification	Test Positivity	Daily New Cases Per Million	Deaths
CMS	11/12/20-11/25/20	Saginaw County	190,539	Red	13.9%	NR	NR
MI Start	11/20/20-11/27/20	Saginaw County	NR	E	14.7%	464.6	0
		Saginaw Region	NR	E	14.6%	460.3	1
		Michigan	NR	E	13.5%	460.3	33

NR= Not Reported

**MI Start** includes probable cases and excludes correctional facilities data. Saginaw region includes 12 counties in the thumb area. Data source is the Michigan Disease Surveillance System (MDSS), the MDHHS web based communicable disease reporting system. Risk level based on number of new cases per million: A (<7); B (7-20); C (20-40); D (970-150); E (≥150).

**CMS** data updated on 12/1/20; includes viral (RT-PCR) screening and diagnostic results (excludes antibody/antigen tests). Data sources include HHS Unified Testing Dataset and 2019 Census. Risk classifications based on test positivity: green (<5.0%); yellow (≥5.0% to ≤10.0%); red (>10.0%).



Data Profile  
**Facility X**  
 Region 3



Infection Prevention Resource and Assessment Team - On Site

### MDHHS Guidelines (update responses for specific facility)

Because positivity rate > 10%, community COVID-19 activity is considered **HIGH**.

<b>Testing Cadence</b> Twice a week	<b>Visitation</b> Outdoor only	<b>Small-group Non-contact Visits</b> <b>No</b>
<b>Resident Communal Dining</b> <b>No</b>	<b>Virtual Visit Opportunities</b> Yes	

- [10/21/2020 MDHHS Epidemic Orders - Requirements for Residential Care Facilities](#) (check for updates!)
- [10/28/2020 MDHHS Testing in LTC Facilities - Section 1\(d\)](#) (check for updates!)

Email: MDHHS-IPRAT@michigan.gov

# Questions/Comments/Recommendations?

## Contact Information

Hilary Marine, MSN,  
CPNP

marineh@michigan.gov

IPRAT- OS Referral  
Email:

MDHHS-  
IPRAT@michigan.gov





# COVID Vaccine Update - LTC Pharmacy Partnership Program



Shelly Doeblner, MPH  
Influenza Epidemiologist  
MDHHS Division of Immunization



# Data Update

# Overview

- Part A- Skilled Nursing Facilities
  - 401 enrolled facilities
  - 1<sup>st</sup> dose clinics 100% complete for these facilities
  - 392 2<sup>nd</sup> clinics scheduled
  - 374 3<sup>rd</sup> clinics scheduled
    - Provide 2<sup>nd</sup> dose to individuals who received 1<sup>st</sup> dose at clinic number 2
- Part B- “Other” facilities
  - Includes AFC, HFA, HUD 202, etc.
  - Clinics began 1/4/21
  - 2,778 1<sup>st</sup> clinics scheduled
    - 1,706 1<sup>st</sup> clinics completed
  - 2,553 2<sup>nd</sup> clinics scheduled

# Doses Administered

- Total Doses Administered: 109,278
  - First Doses Administered: 102,145
  - Second Doses Administered: 7,133
- Resident Doses Administered: 70,969
- Staff Doses Administered: 38,309



# Facility Outreach

# Outreach to LTC Facilities

MDHHS has begun outreach to facilities that were reported as “opted out” or “invalid”

- Over 600 facilities
- Encouraging participation in the LTC Pharmacy Partnership Program
- Ensure timely vaccination of the enrolled LTC facilities
- Questions? [MDHHS-COVID-LongTermCare@Michigan.gov](mailto:MDHHS-COVID-LongTermCare@Michigan.gov)



# Federal Retail Pharmacy Program

# Program Overview

- The federal government has partnered with 21 national pharmacy chains and independent pharmacy networks to help administer COVID-19 vaccine in communities across the United States.
- The program will be implemented incrementally, based on the available supply of COVID-19 vaccines.
- As part of this initial phase, select retail pharmacies in each state and U.S. territory will receive a limited supply of COVID-19 vaccine directly from the federal government to vaccinate eligible individuals in their communities.
- Initial pharmacies in Michigan include **Rite-Aid, Meijer, and Cardinal Pharmacies**



# Program Overview, continued

- Initial phased implementation of this program will begin as early as February 11, 2021
- Initial pharmacies were chosen based on coverage across the state, considerations of Social Vulnerability Index (SVI), and reaching populations most at risk from the COVID-19 Pandemic
  - SVI is a tool that measures 15 social factors, including poverty, lack of vehicle access, crowded housing, socioeconomic status, transportation access, and more by census tract to determine the social vulnerability of communities across the U.S.
- As the program expands, additional retail pharmacies will be added

# Eligible Criteria for Vaccination

- Pharmacy partners will vaccinate individuals who are currently eligible to receive COVID-19 vaccine in their state or territory.
- Individuals who are eligible for vaccination in their state and are interested in getting vaccinated at their local pharmacy should check the pharmacy's website to find out if vaccine is available.
- **It's important to know that early on, your local pharmacy may not have vaccine or may have very limited supply.**

## More Information?

- Additional information will be available as the program is rolled out in Michigan
- Federal Retail Pharmacy Program CDC Page: [www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html](https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html)

# Resources

- MDHHS Resources Long-Term Care Pharmacy Partnership Program:
  - [www.Michigan.gov/COVIDVaccine](http://www.Michigan.gov/COVIDVaccine) -> LTC Pharmacy Partnership page
  - Updated FAQ and List of Participating LTC Facilities
- Michigan COVID-19 Vaccine Dashboard:  
[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_103214-547150--,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html)
  - Update daily M-F
  - Data include doses distributed, doses administered, enrolled COVID-19 vaccine providers, and more

# Testing Update



Danielle Jones, MPH  
Vulnerable Population Testing Liaison  
Public Health Administration



Testing

# Reporting Form Update



## Individual 1

Individual ID #: (i.e. Employee or Student #)\*

First Name:\*

Middle Name:

Last Name:\*

Date of Birth:\*



Home Address:\*

City:\*

Zip Code: 5 digit (XXXXX)\*

Phone: (XXX-XXX-XXXX)\*

# What does this mean?

For each employer or resident, there needs to be an identifier for your site. If a patient has an assigned patient number, that will be their testing number for your records to use each time that person is tested. The same with an employee. If the employee does not have an employee ID number, one can be created for your records of testing to attach as an identifier for that employee each time they are tested, and results are reported. For visitors: we would like visitors to have reporting numbers attached to their name. Again, the same number for the same person each time they visit.

## Examples

- Patient: John Smith ID# 12345678- same number each time this patient is tested.
- Employee: Susan Smith ID#567889- Same each time staff employee is tested
- Visitor 1: Kim Smith ID 8963 this number is Kim Smith identifier each time she is tested when visits.

**\*Patient/Resident/Staff ID # created= 6-10 numbers**

**\*Visitor ID# created=4-6 numbers**



# Antigen Supply/Support Form

## New look & New link coming soon



### COVID Tests/Support Request

This form provides pertinent information to MDHHS regarding your inquiry into PCR or Antigen (rapid) tests. Supplies are limited; thus, information must be collected to prioritize distribution. Please answer each question to the best of your ability.

\* Required

#### Submitter and Site Details

1. First and Last Name \*

2. Email Address \*

3. Phone # \*

*(xxx) xxx-xxxx and ext. if necessary*



# Order Update

Ordering Physician is no longer needed.

- Standing order for supplies
- When order supplies select standing order option.

Questions

[MDHHS-Binaxnowrequest@michigan.gov](mailto:MDHHS-Binaxnowrequest@michigan.gov)

# Federal Supplies

## Abbott BinaxNOW auto shipments

- Facility should send one email and include all three of these email addresses: [Binax.Team@hhs.gov](mailto:Binax.Team@hhs.gov), [ARDxUSGovernmentSupport@abbott.com](mailto:ARDxUSGovernmentSupport@abbott.com) and [eocevent488@cdc.gov](mailto:eocevent488@cdc.gov)
- Request to either **pause** or **be removed** from the distribution schedule and include the following information so they can be identified:
  - Site Name
  - CLIA Waiver #
  - Site Address

# Questions Regarding Testing

[MDHHS-Binaxnowrequest@michigan.gov](mailto:MDHHS-Binaxnowrequest@michigan.gov)



**Anthony Smykla,**  
Michigan Occupational Safety and Health  
Administration



# COVID-19 Workplace Requirements for Assisted Living Employers

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SUMMARY OF MIOSHA EMERGENCY RULES  
PRESENTED BY: ANTHONY R. SMYKLA, CIH

## Important Note

MDHHS has issued COVID-19 Public Health Orders regarding requirements about face coverings for the public, gathering limitations, and other public health concerns.

Please visit [Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus) for information on these public health orders.

The requirements in this presentation are required by MIOSHA Emergency Rules for COVID-19.

## Overview

- ❑ Requirements for All Workplaces
  - ❑ Definitions
  - ❑ Exposure Determination
  - ❑ COVID-19 Preparedness & Response Plan
  - ❑ Basic Infection Control Measures
  - ❑ Health Surveillance
  - ❑ Workplace Controls
  - ❑ Personal Protective Equipment
  - ❑ Employee Training
  - ❑ Recordkeeping



# Definitions

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**Close Contact**: Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or for asymptomatic persons, 2 days prior to specimen collection) until the time the person is isolated

**COVID-19**: Coronavirus disease 2019, a severe acute respiratory disease characterized by symptoms including fever, cough, fatigue, and shortness of breath which may progress to pneumonia, multi-organ failure, & death

**Known Cases of COVID-19**: Persons who have been confirmed through diagnostic testing to have COVID-19

**SARS-CoV-2**: Severe acute respiratory syndrome coronavirus 2, the virus which is the causative agent of COVID-19

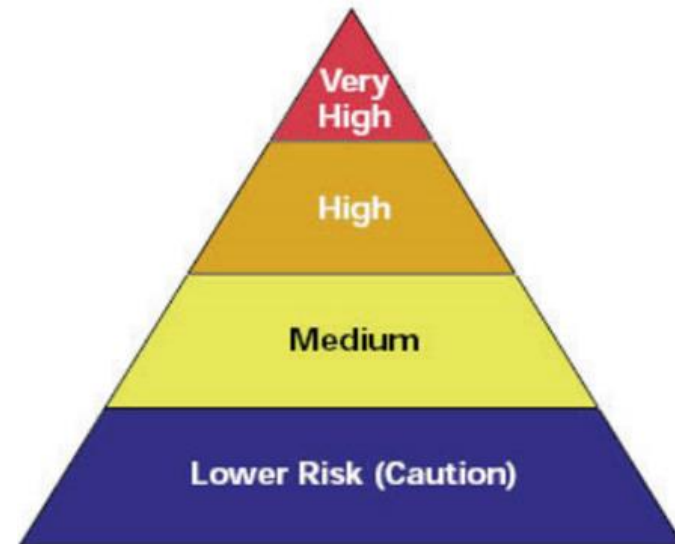
**Suspected Cases of COVID-19**: Persons who have symptoms of COVID-19 but have not been confirmed through diagnostic testing or person who have had close contact with a person who has been confirmed through diagnostic testing

# Exposure Determination

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- ❑ Evaluate routine & reasonably anticipated tasks/procedures to determine actual OR reasonably anticipated exposures to SARS-CoV-2
- ❑ Categorize tasks/procedures into the following risk categories:
  - ❑ Lower Exposure Risk
  - ❑ Medium Exposure Risk
  - ❑ High Exposure Risk
  - ❑ Very High Exposure Risk
- ❑ Use OSHA guidance for additional resources for exposure determination
  - ❑ [Guidance on Preparing Workplaces for COVID-19](#)
  - ❑ [COVID-19 Hazard Recognition](#)

**Occupational Risk Pyramid  
for COVID-19**



# Exposure Determination

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## Exposure Risk Categories

### Lower Exposure Risk

- Tasks do not require contact with people known or suspected of being infected with SARS-CoV-2
- Tasks do not have frequent close contact with the public
- Workers have minimal occupational contact with coworkers & the public

### Medium Exposure Risk

- Tasks require frequent OR close contact with people who may be infected with SARS-CoV-2, but who are NOT a known/suspected COVID-19 patient
- In areas with ongoing community transmission, workers that have contact with the public (schools, high-population-density work environments, high-volume retail settings)
- In areas without ongoing community transmission, workers that have frequent contact with travelers from areas with ongoing community transmission

# Exposure Determination

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## Exposure Risk Categories (cont.)

### High Exposure Risk

- Tasks with high potential for exposure to known or suspected sources of COVID-19
- Workers could include:
  - Licensed health care professionals, medical first responders, nursing home employees, law enforcement, correctional officers, or mortuary workers

### Very High Exposure Risk

- Tasks with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures
- Workers could include:
  - Healthcare workers (doctors, nurses, dentists, paramedics, EMTs) performing aerosol-generating procedures on known/suspected COVID-19 patients
  - Healthcare or Laboratory workers collecting or handling specimens from known/suspected COVID-19 patients
  - Morgue workers performing autopsies on bodies of people who are known/suspected of having COVID-19 at the time of their death

# COVID-19 Preparedness & Response Plan

[MIOSHA Sample COVID-19  
Preparedness & Response Plan for  
Low-Med Risk Employees](#)

## Develop & Implement a written COVID-19 Preparedness & Response plan

- Use current OSHA guidance for COVID-19 - [Guidance on Preparing Workplaces for COVID-19](#)
- Use current CDC COVID-19 guidance
- The preparedness & response plan **shall** include the employee exposure determination & **shall** detail measures to prevent employee exposure, including any:
  - Engineering Controls
  - Administrative Controls
  - Basic Infection Prevention Measures
  - Person Protective Equipment
  - Health Surveillance
  - Training
- The employer **shall** make the preparedness & response plan readily available to employees & their representatives (website, internal network, or hardcopy)

## COVID-19 Preparedness & Response Plan For Lower and Medium Exposure Risk Employers ONLY

### ☑ General

The following COVID-19 preparedness & response plan has been established for (company name) in accordance with MIOASHA Emergency Rules for Coronavirus disease 2019 (COVID-19). The purpose of this plan is to minimize or eliminate employee exposure to SARS-CoV-2.

The Emergency Rules have general safeguards applicable for all workplaces and specific safeguards for certain industries. (name of responsible person) has read these emergency rules carefully, developed the safeguards appropriate to (company name) based on its type of business or operation, and has incorporated those safeguards into this COVID-19 preparedness and response plan.

(company name) has designated one or more worksites supervisors to implement, monitor, and report on the COVID-19 control strategies developed in this plan. The worksite supervisor(s) is (name of supervisor or supervisors). The supervisor will remain on-site at all times when employees are present on site. An on-site employee may be designated to perform the supervisory role.

The plan will be made readily available to our employees and their representatives. The plan will be made available via (website, internal network and/or hard copy).

### ☑ Exposure Determination

(company name) has evaluated routine and reasonably anticipated tasks and procedures for all employees to determine whether there is actual or reasonably anticipated employee exposure to SARS-CoV-2. (name of person) was responsible for the exposure determination.

(company name) has determined that its employees' jobs fall into only the lower exposure and medium exposure risk categories as defined by the OSHA Guidance on Preparing Workplaces for COVID-19:

■ **Lower Exposure Risk Jobs.** These jobs do not require contact with known or suspected cases of COVID-19 nor frequent close contact (for example, within six feet) with the general public. Workers in this category have minimal occupational contact with the public and other coworkers. Examples are small offices, small manufacturing plants (less than 10 employees), small construction operations (less than 10 employees), and low-volume retail establishments, provided employees have infrequent close contact with coworkers and the public.

■ **Medium Exposure Risk Jobs.** These jobs are those that require frequent or close contact (for example, within six feet) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. Examples are most jobs at manufacturing plants, construction sites, schools, high-volume retail settings, and other high-population-density work environments.

(name of person) verifies that (company name) has no high-risk exposure jobs. High exposure risk jobs have high potential for exposure to known and suspected cases of COVID-19. Examples are most jobs in healthcare, medical transport, nursing homes and residential care facilities, mortuaries, law enforcement, and correctional facilities. This sample plan is not intended for employers who have high exposure risk jobs.

(company name) has categorized its jobs as follows:

**NOTE:** Some jobs may have more than one type of exposure risk depending on the task or qualifying factors.

Job/Task	Exposure Risk Determination (Lower or Medium)	Qualifying Factors (Ex. No Public Contact, Public Contact)

# Sample COVID-19 Preparedness & Response Plan

# Basic Infection Prevention Measures

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The employer **shall**:

- ❑ Promote frequent & thorough handwashing, including by providing workers, customers, & worksite visitors a place to wash hands; Provide antiseptic hand sanitizer or alcohol-based hand towelettes containing 60% alcohol when soap & water are unavailable
- ❑ Require workers who are sick to not report to work or work in an isolated location
- ❑ Prohibit workers from using other workers' phones, desks, offices, or other work tools & equipment when possible
- ❑ Create policy prohibit in-person work for employees to the extent that their work activities can feasibly be performed remotely

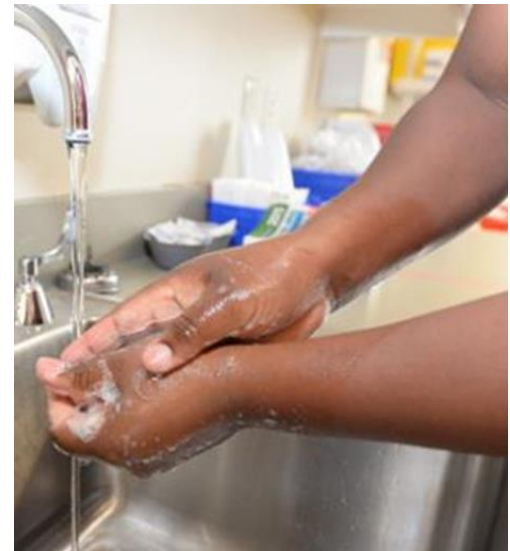


Photo: U.S. Department of Defense

# Basic Infection Prevention Measures (cont.)

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The employer **shall**:

- ❑ Increase facility cleaning & disinfection to limit exposure to SARS-CoV-2; focus on:
  - High touch surfaces (e.g., door handles)
  - Parts, products, and shared equipment (e.g., tools, machinery, and vehicles)
- ❑ Use EPA approved disinfectants expected to be effective against SARS-CoV-2: [List N](#)
- ❑ Follow manufacturer's instructions for cleaning & disinfection products (e.g., concentration, application method, contact time, and PPE)



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# Health Surveillance

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The employer **shall** conduct a daily entry self-screening protocol.


For all employees and contractors entering the workplace



At minimum, a questionnaire that includes questions about:

Symptoms of COVID-19

Contact with individuals known or suspected COVID-19



Temperature Screening (if possible)

# Health Surveillance (cont.)

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The employer **shall**:

- ❑ Direct employees to promptly report any signs & symptoms of COVID-19 they are experiencing to the employer before OR during the work shift
- ❑ Physically isolate any employees known or suspected to have COVID-19 from the remainder of the workforce, using measure such as, but not limited to:
  - Not allowing known/suspected cases to report to work
  - Sending known/suspected cases away from the workplace
  - Assigning known/suspected cases to work alone at a remote location (e.g., their home), as their health allows



# Health Surveillance (cont.)

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When an employer learns of an employee, visitor, or customer with a known case of COVID-19, the employer **shall**:

- ❑ Immediately notify the local public health department AND
- ❑ Within 24 hours of learning of the known case, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a known case of COVID-19

Employer **shall** allow employees with a known/suspected case of COVID-19 return to the workplace only after:

- ❑ The individual is no longer infectious according to the latest guidelines from the CDC AND
- ❑ The individual is released from any quarantine or isolation order by the local public health department

- ❖ CDC Guidance for [Return to Work for Persons with COVID-19 Not in Healthcare](#)
- ❖ CDC Guidance for [Return to Work for Healthcare Personnel with COVID-19](#)

# Workplace Controls

The employer **shall** designate one or more worksite COVID-19 safety coordinators

COVID-19 Safety Coordinator

- Must Implement, monitor, & report on the COVID-19 control strategies required for the worksite
- Must remain on-site at all times when employees are present on site
- An on-site employee may be designated to perform the COVID-19 safety coordinator role

The employer **shall** place posters in the languages common in the employee population that encourage staying away from work when sick, cough & sneeze etiquette, and proper hand hygiene practices



# Workplace Controls (cont.)



The employer **shall**:

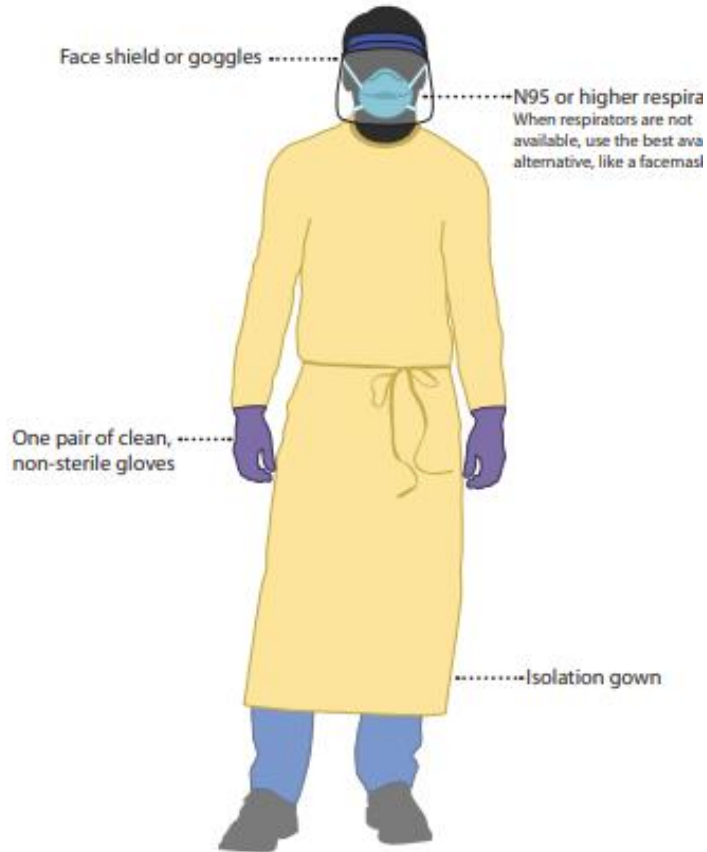
- Keep everyone on the worksite at least 6 feet from one another and reduce congestion
  - ❖ Use ground markings, signs and physical barriers as appropriate to ensure social distancing and reduce congestions
- Provide non-medical grade face coverings to their employees
- Require face coverings when employees cannot consistently maintain 6 feet of separation from others
- Consider face shields (in addition to face coverings) when employees are unable to consistently maintain 3 feet of separation from others
- Require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways

## Personal Protective Equipment (PPE)

### The employer shall:

- Provide employees with types of PPE, including respirators as necessary, for protection from SARS-CoV-2 appropriate to the exposure risk associated with the job
- Ensure PPE is:
  - Properly worn
  - Used consistently
  - Regularly inspected, maintained, and/or replaced (as necessary)
  - Properly removed, cleaned, and stored or disposed of to avoid contamination to self, others, or the work environment

Preferred PPE – Use N95 or Higher Respirator



## Personal Protective Equipment (cont.)

In establishments that provide medical treatment or house known/suspected cases of COVID-19, the employer **shall** ensure that employees in frequent or prolonged close contact with such cases are provided with and wear, **at a minimum**:

- N-95 respirator
- Goggles or face shield AND
- Gown

# Face Coverings vs Respirators

## COVID-19 FACEMASKS VS. RESPIRATORS



Cloth or Paper Face Mask



Surgical Face Mask



Filtering Facepiece Respirator (e.g. N95)

**Testing & Approval**

Not tested or approved, but recommended by the CDC

Cleared by the U.S. Food and Drug Administration per 21 CFR 878.4040

Evaluated, tested and approved by NIOSH per 42 CFR Part 84

**Intended Use & Purpose**

To prevent transmission of the virus between people in close proximity

A fluid resistant barrier designed to protect the wearer from large droplets, splashes or sprays of bodily or other hazardous fluids.

Reduces the wearer's exposure to small particle aerosols and large droplets

## COVID-19 VOLUNTARY VS. REQUIRED RESPIRATOR USE



The employer determines the necessary PPE required for the job task(s). The employer is responsible for payment, replacement, maintenance, cleaning, laundering and disposal of PPE. Training should be provided to employees regarding proper use, limitations, care and maintenance of PPE. Where respirators are provided, the following table outlines additional requirements:

**Guidelines for Employees Using Respiratory Protection**

Filtering Facepiece Respirator (e.g. N95)		
	Required	Voluntary
Fit Testing	Yes	No
Medical Evaluation	Yes	No
Facial Hair Prohibited	Yes	No
Appendix D Provided	No	Yes
Training per 1910.134(k)	Yes	No
Cleaning, Storage & Maintenance of Respirator	Yes	Yes

- Know the difference between cloth face coverings and respirators
- NIOSH Certified Respirators require compliance to the Respiratory Protection Program
- [Facemasks vs Respirators Factsheet](#)
- [Voluntary vs Required Respirator Use Factsheet](#)



# What are Air-Purifying Respirators?

Air-purifying respirators (APRs) work by removing gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants from the air through the use of filters, cartridges, or canisters. These respirators do not supply oxygen and therefore cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health. The appropriate respirator for a particular situation will depend on the environmental contaminant(s).

## Filtering Facepiece Respirator (FFR)



- Disposable
- Covers the nose and mouth
- Filters out particles such as dust, mist, and fumes
- Select from N, R, P series and 95, 99, 100 efficiency level
- Does NOT provide protection against gases and vapors
- Fit testing required

## Elastomeric Half Facepiece Respirator

- Reusable facepiece and replaceable cartridges or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge or filter
- Covers the nose and mouth
- Fit testing required



## Elastomeric Full Facepiece Respirator

- Reusable facepiece and replaceable canisters, cartridges, or filters
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Provides eye protection
- More effective face seal than FFRs or elastomeric half-facepiece respirators
- Fit testing required



## Powered Air-Purifying Respirator (PAPR)

- Reusable components and replaceable filters or cartridges
- Can be used to protect against gases, vapors, or particles, if equipped with the appropriate cartridge, canister, or filter
- Battery-powered with blower that pulls air through attached filters or cartridges
- Provides eye protection
- Low breathing resistance
- Loose-fitting PAPR does NOT require fit testing and can be used with facial hair
- Tight-fitting PAPR requires fit testing



Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

# Respirator Information

- MIOSHA [Part 451 Respiratory Protection](#) Key Program Elements
  - NIOSH Certified Respirators
  - Written Program – [MIOSHA Sample Program](#)
  - Medical Evaluation
  - Fit Testing
- Voluntary use respirators require a respiratory protection program
  - The respirator worn will prescribe which program elements are required for voluntary use
  - Use resources to evaluate program requirements - [OSHA Small Entity Compliance Guide to Respiratory Protection](#)
- Stay updated to temporary enforcement guidance given by [OSHA Enforcement Memos for COVID-19](#)

# Employee Training

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Employer **shall** provide:

- Training to employees on SARS-CoV-2 and COVID-19
- Communication and training on COVID-19 infection control practices in the primary languages common in the employee population
- Updated training if:
  - There are changes to its COVID-19 preparedness & response plan OR
  - New information becomes available about the transmission of SARS- CoV-2

Training **shall** cover:

- Workplace infection control practices
- Proper use of PPE
- Steps employees must follow to notify the employer of COVID-19 symptoms or a suspected or confirmed case of COVID-19
- How to report unsafe working conditions

## Recordkeeping

Employers **must** maintain a record of the following:

- Training; maintain all COVID-19 employee training
- Screening Protocols; maintain a record of screening for each employee or visitor entering the workplace
- Records of Required Notifications; maintain record of notifications associated to confirmed cases of COVID-19 in the workplace (see Rule 6 for health surveillance)
- Employers **must** maintain records for one year from time of generation

# COVID-19 Resources

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## State of Michigan

- [Coronavirus](#)
- [Emergency Epidemic Orders](#)
- [Michigan Coronavirus Resources](#)
- [Michigan Safe Start Map](#)

## MIOSHA

- [COVID-19 Interim Enforcement Plan](#)
- [Workplace Safety Guidance for COVID-19](#)
- [Sample COVID-19 Preparedness & Response Plan](#)

## OSHA

- [COVID-19 Information](#)
- [Guidance on Preparing Workplaces for COVID-19](#)

- [Enforcement Memos for COVID-19](#)

- [Interim Guidance for Specific Industries](#)

## CDC

- [Coronavirus Disease \(COVID-19\)](#)
- [Guidance for Businesses & Workplaces](#)
- [Return to Work Guidance for Individuals with COVID-19 Not in Healthcare](#)
- [Guidance for Cleaning & Disinfecting](#)
- [General Business FAQs](#)
- [Healthcare Workers FAQs](#)

## Other

- AIHA – [Back to Work Safety Industry Specific Recommendations](#)

# MIOSHA Resources

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[MIOSHA Webpage](#)

[MIOSHA Consultation, Education & Training \(CET\) Division](#)

[MIOSHA Standards](#)

[Request for Consultative Assistance](#)

[PPE Guide for General Industry \(SP #16\)](#)

[Respiratory Protection Program – Sample Written Program \(SP #05\)](#)

[Hazard Communication Program – Sample Written Program \(CET 5530\)](#)

[MIOSHA Training Program](#)



# Contact MIOSHA

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Michigan Occupational Safety and Health Administration (MIOSHA)

530 W. Allegan Street, P.O. Box 30643

Lansing, Michigan 48909-8143

If you need further information regarding COVID-19

Call 855-SAFEC19 (855-723-3219).

To request consultation, education and training services, call 517-284-7720

or visit our website at:

[www.michigan.gov/miosha](http://www.michigan.gov/miosha)



# Conclusion: Questions / Comments

Allen Jansen, Senior Deputy Director

Behavioral Health and Developmental Disabilities

[MDHHS-COVID-AFC-HFA-Response@michigan.gov](mailto:MDHHS-COVID-AFC-HFA-Response@michigan.gov)

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