Welcome and Introductions

Allen Jansen
Senior Deputy Director
Behavioral Health and Developmental Disabilities

Announcements

- Recordings of past Q&A sessions are no longer available on the COVID-19 website. But all slide presentations are available, by date, for your reference.

- Now that we're on ZOOM, you can record these live sessions yourself if you wish! Please comment in the chat if you'd like permission to record.

- Continue to send questions to MDHHS-COVID-AFC-HFA-Response@michigan.gov

- Next session: Wednesday, February 24th at 2:00pm. Please look out for a new zoom link to join.

Where to Find Updated Visitation Guidance

- www.Michigan.gov/coronavirus
- Click on MDHHS EPIDEMIC ORDERS

Michigan.gov

FAQ | ALTERNATE LANGUAGES | HOME | MDHHS | SEARCH

Coronavirus

MI SAFE START | CONTAIN COVID | RESOURCES | PRESS RELEASES | DONATE

VIDEO UPDATES

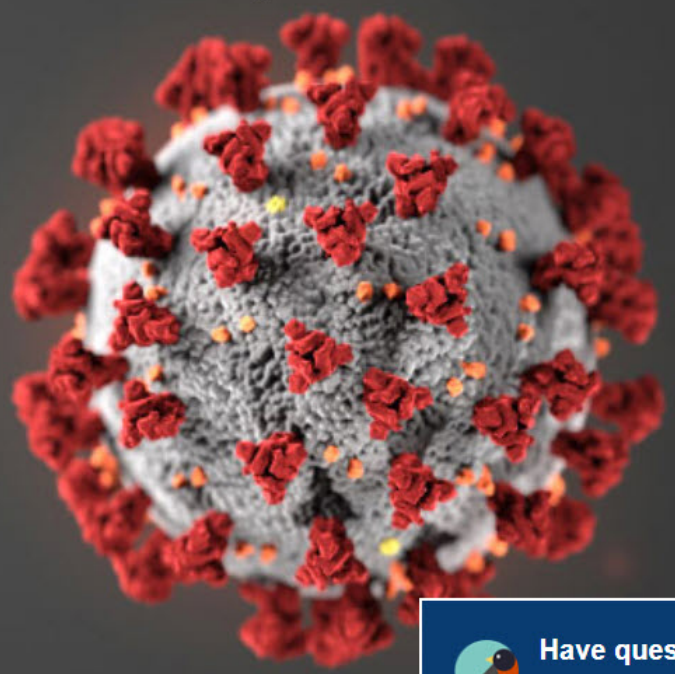
Visit Michigan.gov/COVIDVaccine for the most recent information on the vaccine in Michigan

Questions About COVID-19?

Visit our Frequently Asked Questions page
Our most commonly answered questions can be found there, and are updated often.

Call the COVID-19 Hotline at 888-535-6136.
Email COVID19@michigan.gov.

MDHHS EPIDEMIC ORDERS



Have questions?
Chat with Robin

MDHHS
Michigan Department of Health & Human Services

MDHHS Epidemic Orders

February 10 - Mandatory Testing for Prison Staff

February 4 - Gatherings and Face Mask Order

- COVID-19 and Sports Infographic
- Gathering Guidelines Infographic
- Epidemic Order FAQs

February 2 - Standing Order for COVID-19 Testing

February 2 - Administration of COVID-19 Tests

January 13 - Requirements for Hospitals, Laboratories and Health Professionals and Rescission of March 23, 2020 Order

January 11 - Testing of State of Michigan Nursing Home Inspection Staff

December 8 - Requirements for residential care facilities

- Dec. 8 Epidemic Order Infographic
- Dec. 8 Epidemic Order Special Cases Grid

October 29 - Temporary Restrictions for Entry into Congregate Care and Juvenile Justice Facilities

Have questions?
Chat with Robin

COVID-19
RESIDENTIAL CARE VISITATION ORDER

This order provides a safe plan for visitation, and continues necessary protections for residents and staff in facilities across the state.

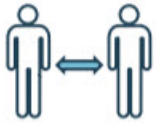
County Risk Level (Based on the MI Safe Start Map)	Outdoor	Indoor	Compassionate Care
Low, A, B	Yes, if no recent cases in the facility	Yes, if no recent cases in the facility	Yes
C or D		Yes, with visitor testing,* and if no recent cases in the facility	Yes, with visitor testing required for indoor visits.* End of life visits are exempt from testing.
E		Not allowed	

Different rules apply to special categories of visitors, such as medical providers and those providing assistance with activities of daily living. See the Residential Care Special Cases Guidance for more information.

Visitation Precautions:

Limited number of visitors/ appointments only

Health screenings


Six feet of physical distancing

Face coverings (and other PPE when required by the facility)

Hand hygiene and other cleaning/ disinfecting protocols

*Visitor testing is required in Nursing Homes, Homes for the Aged (HFAs), and Adult Foster Care homes (AFCs) licensed to serve 13 or more individuals. Visitor testing is not required in AFCs licensed to serve 12 or fewer individuals, unlicensed Assisted Living facilities, Hospice facilities, and Substance Use Disorder (SUD) Residential facilities.

Compassionate Care visits are those for residents in serious/critical condition, or in hospice care, including end of life visits.

For types of visits requiring testing, facilities must require visitors to be tested within 72 hours before visiting and show proof of negative test results upon entry. Contact the facility for more information about on-site and community testing options.

To read the complete MDHHS Dec. 8, 2020, Visitation Order, visit Michigan.gov/Coronavirus.
Questions or concerns can be emailed to COVID19@michigan.gov.

MDHHS
Michigan Department of Health & Human Services

COVID-19

VISITATION ORDER SPECIAL CASES

Special category of visitors	Visits allowed during facility outbreaks?	Social distancing required?	Testing required for visitors?
Window visits when a barrier is maintained between the resident and visitor.	Yes	Yes	No
A parent, foster parent, or guardian of a resident who is 21 years of age or under.	Yes	Yes	Yes, in C, D, and E counties if indoors
Visits that support ADLs or visits that are necessary to ensure effective communication with individuals with hearing, vision or speech impairments.	Yes	No	Yes, in C, D, and E counties if indoors
End-of-life visits.	Yes	No, if contact is limited to under 15 minutes with appropriate PPE	No
Visits that occur when a resident is in serious or critical condition or in hospice care.	Yes	Yes	Yes, in C, D, and E counties if indoors
Medical service providers such as hospice providers, podiatrists, dentists, durable medical equipment providers, social workers and other behavioral health providers, speech pathologists, occupational therapists, physical therapists, and other health care providers, including resident physicians and clinical students.	Yes	No	Yes, in all counties
Non-medical service providers, such as hairdressers, nail salon technicians, cosmetologists, and providers of religious or spiritual services.	No	No	Yes, in all counties
Volunteers who have been trained in infection control measures and are supporting visitation.	No	Yes	Yes, in all counties

All special categories of visitors are permitted to conduct indoor visits when the county risk level is E.

To read the complete MDHHS Dec. 8, 2020, Visitation Order, visit Michigan.gov/Coronavirus.
Questions or concerns can be emailed to COVID19@michigan.gov.

MDHHS
Michigan Department of Health & Human Services

COVID-19
Quarantine, Isolation, and Cohorting

Brenda Brennan, MSPH

Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit Manager

Facility considerations and best-practices for quarantine, isolation, and cohorting

- Understanding quarantine, isolation, and cohorting

MDHHS
Michigan Department of Health & Human Services

Quarantine

- **Quarantine**
  - You had an **exposure** and may become ill
  - Means staying home, monitoring your health, and maintaining social distancing (at least 6 feet) from others at all times.
  - Quarantine keeps someone who might have been **exposed** to the virus away from others

Ending Quarantine Recommendations

Standard Quarantine Strategy

- Stay home (HCP) or in observation area (residents) for **14 days** after last contact with a person who has COVID-19
- Watch for fever, cough, shortness of breath and other symptoms of COVID-19 for **14 days** after exposure
- Stay away from others who are high-risk for COVID-19
- If symptoms develop, immediately isolate and test for SARS-CoV-2

Alternate Quarantine Strategy

- Stay home (HCP) for **10 days** after last contact with a person who has COVID-19
- Watch for fever, cough, shortness of breath and other symptoms of COVID-19 for **14 days** after exposure
- If symptoms develop, immediately isolate and test for SARS-CoV-2

***The local health department will provide consultation and direction about end of quarantine procedures**

Ending Quarantine Recommendations for vaccinated individuals in the community

- **Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria†:**
  - Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
  - Are within 3 months following receipt of the last dose in the series
  - Have remained asymptomatic since the current COVID-19 exposure
    - Continue to monitor for symptoms
  - Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Ending Quarantine Recommendations – an exception for vaccinated individuals in healthcare settings

- **Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate Transmission-Based Precautions.
    - This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings
    - Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable
    - These decisions could be made in consultation with public health officials and infection control experts

Isolation

- **Isolation**
  - You are **ill** or **actively contagious**
  - Means staying at home, in a specific room away from other people and using a separate bathroom, if possible.
  - Isolation keeps someone **who is infected** with the virus away from others, even in their home

Ending Isolation Recommendations

Symptoms of COVID-19

Symptom-based strategy

- No fever for 24 hours without medication AND
- Respiratory symptoms have improved AND
- At least 10 days since symptoms first appeared

No Symptoms of COVID-19

Time-based strategy

- At least 10 days since positive test
- No symptoms have developed since test

***The local health department will provide consultation and direction about end of isolation procedures**

Cohorting

- **Cohort** means grouping individuals with the same disease or exposures together

Quarantine, Isolation, & Cohorting Summary

Quarantine	Isolation	Cohort
Exposure you *may become* ill	**Ill** or **actively contagious**	Grouping individuals with the **same disease** or **exposures together**
Monitoring your health (watch for symptoms)	**Staying away** from other people	
Maintaining social distancing from all	Using a separate bathroom, if possible	

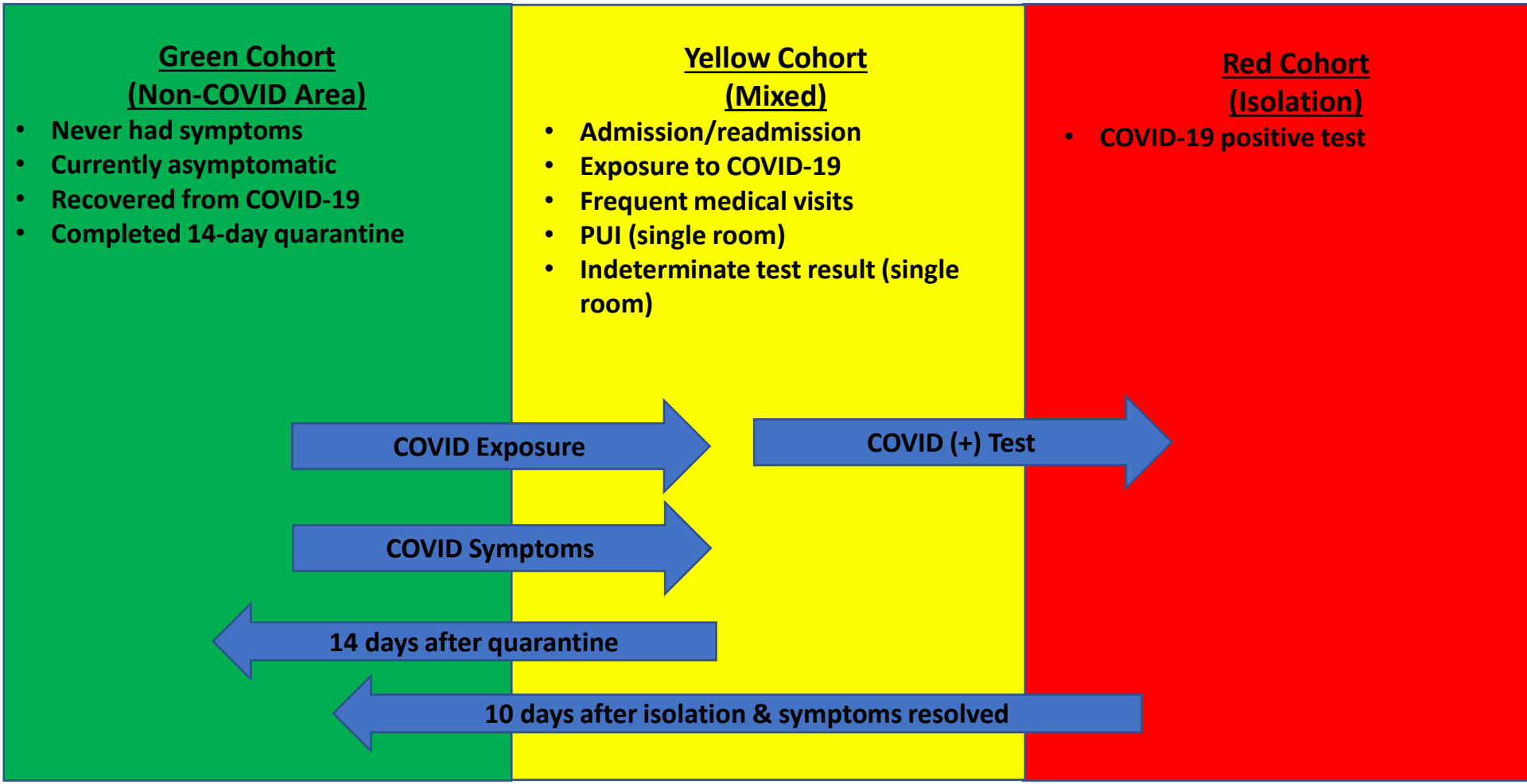
Residents with Respiratory Symptoms or Suspected COVID-19

- Prioritize for individual rooms
- Designate a separate bathroom, if possible
- If more than one resident has tested positive, positive residents may stay in same area
- If individual rooms not available:
  - Large, well-ventilated room
  - Keep beds 6 feet apart
  - Use barriers/curtains between beds
  - Align beds head-to-toe if possible
- If designated quarantine or isolation areas are not available at the facility, assist with transfer to a pre-arranged location

Cohorting in Congregate Settings

LA County Public Health

Cohorting in Long-Term Care Settings



Personal Protective Equipment

MDHHS
Michigan Department of Health & Human Services

Improve the Fit and Filtration of Your Mask to Reduce the Spread of COVID-19

- General Principles of Mask Use
- Types of Masks
  - Cloth
  - Medical Procedure/surgical/disposable
  - KN95 Masks
  - NIOSH-Approved N95 Respirators
- Ways to Increase Mask Protection: Improve Fit and Filtration
- Choosing a Mask for Different Situations

- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-fit-and-filtration.html

Personal Protective Equipment

Staff

- If providing care to residents who are symptomatic, on quarantine or isolation:
  - N95 respirator (approved equivalent or higher) or well-fitting Facemask
  - Eye protection (goggles or face shield)
  - Gloves
  - Gowns
- **Gloves**
  - When cleaning and disinfecting
  - When providing direct physical assistance resident per standard precautions

Putting On / Taking Off PPE

Universal Source Control

Staff

- N95, approved equivalent or higher, or well-fitting face coverings or facemasks are required by all persons in all resident areas, common or shared areas, walkways, or where residents and/or staff congregate

Residents

- Cloth face covering or other face covering provided by the facility
- Provide facemask if symptomatic

Frequently Asked Questions

MDHHS
Michigan Department of Health & Human Services

What are the expectations around residents returning home, (*i.e., home visits, doctor appointments, church, haircuts, etc.*)?

- MDHHS order does not prohibit residents from leaving the facility
- Education on the risks of leaving the facility, social distancing and mask wearing should be provided to residents prior to their departure
- Facilities must allow residents to return to their home
- Upon return, screening questions can be asked by the facility.
  - Exposure risk assessed
  - Symptom screening
- The Facility can require that the resident be quarantined to the AFC upon return

If a resident leaves the facility, assess the exposure risk upon return.

- **There are no specific CDC recommendations for this situation**
- You can do an exposure risk assessment to determine if the individual should be placed in quarantine
- Consider…
  - **Transportation**
    - Driver screened and wearing a mask? Was the resident accompanied by someone from the facility to observe? How many occupants in the vehicle?
  - **Before Leaving the Facility**
    - Individual screened, perform hand hygiene, wear a mask, and social distance maintained?
  - **During the appointment/service**
    - Social distance maintained, continue to wear mask, limit touching of services, hand hygiene
  - **Upon return**
    - Perform hand hygiene, unprotected exposures identified, screened for temp and symptoms

Considerations based on exposure-risk level

Situation	Placement	Duration	Staff Precautions
Higher Risk Exposure Individual leaves **frequently** (routine medical appointments)	Consider single room and/or in an observation/quarantine area Follow IP policies and procedures in facility	Standard Quarantine: 14 days from last visit to monitor for signs and symptoms	Staff use general infection prevention methods AND consider using all recommended PPE for resident-care activities
Lower Risk Exposure Individual leaves **infrequently** (hair appointment, one-time appointment	Follow IP policies and procedures in the facility	Standard Quarantine: 14 days from last visit to monitor for signs and symptoms	Staff use general infection prevention methods

Does everyone need to quarantine / isolate in their rooms if everyone in the home is positive or have already been exposed?

- Depends on the situation and would be case-by-case
- **Isolation** is for **ill individuals** or those with **positive COVID-19** test result
- **Quarantine** is for those who are **exposed**
- These two groups need to be separated in the facility (to the extent possible)
- Not all residents or staff will have the same exposure, test date, isolation date range, etc.

How do I, and who do I, quarantine / isolate when one or more residents are positive, but the entire home has not been exposed yet?

- Ill or positive individuals need to isolate themselves from others
- Exposed individuals should be in quarantine even if all exposed
  - They may not all have the exact same exposure level
  - Implementation depends on the exact physical layout and staffing level of the facility

Can AFCs require symptomatic residents to be quarantined/isolated?

- Yes, a facility can require a resident to quarantine (if exposed) or isolate (if ill or contagious) in their room if that guidance was given by a doctor or other health professional due to symptoms or a positive COVID-19 test

- The order to quarantine the resident could also be given from a local health department (LHD)

- **This would not be considered a violation of the resident's rights to freedom of movement as the facility is following the health professional or health department order**

INFECTION PREVENTION RESOURCE AND ASSESSMENT TEAM (IPRAT)

IPRAT is a team of subject matter experts made up of nurses, infection preventionists, and data analysts.

IPRAT can help with Infection Prevention questions and guidance!

IPRAT-OS
Infection Prevention Resource and Assessment Team - On Site

- **Non regulatory**
- **Consultative**
- **Free**
- **On Site or Remote Assistance**
- **Experts in the field of IP**
- **Educational Resource**

Email: MDHHS-iPRAT@michigan.gov

- **IPRAT Inbox:**
  - MDHHS-iPRAT@michigan.gov
- **IPRAT Website:** www.michigan.gov/IPRAT

Meet IPRAT Webinar

Tuesday, March 9, 2021

8:30-9:30 A.M.

- **Join on your computer or mobile app**
- Click here to join the meeting
- **Or call in (audio only)**
- +1 248-509-0316,,611226718#
- Phone Conference ID: 611 226 718#

Testing Update

Danielle Jones, MPH
Vulnerable Population Testing Liaison
Public Health Administration

MDHHS
Michigan Department of Health & Human Services

Visitor Reporting

When Reporting visitor test results, add V for “visitor” in front of the number (along with the ID#)

*Visitor ID# created=V4-6 numbers recommended

MDHHS
Michigan Department of Health & Human Services

Vaccination & Testing

- There are NO changes to testing order in relation to vaccination as of 2/16/2021

- Continue testing as stated in the Emergency Order Under MCL 333.2253 – Testing in Skilled Nursing Facilities, Homes for the Aged, and Adult Foster Care Facilities

- LTC testing FAQ can be found 2020.10.28_-_LTC_Testing_Implementation_Guidance_vF_706415_7.pdf (michigan.gov)

Antigen Testing

MDHHS Testing Collection and Coordination Team want to encourage antigen test use and only use PCR for confirmatory results.

Benefits

- Rapid Results
  - Quick Isolation
  - Decrease outbreak risk

Antigen Testing Assistance

- Honu (soon to be available)

Questions

MDHHS-Binaxnowrequest@michigan.gov

COVID Vaccine Update- LTC Pharmacy Partnership Program

Shelly Doebler, MPH – Influenza Epidemiologist

MDHHS Division of Immunization

Data Update

MDHHS
Michigan Department of Health & Human Services

Overview

- Part A- Skilled Nursing Facilities
  - 400 facilities enrolled
  - 100% First Clinics completed
  - 343 2nd Clinics completed
  - 383 3rd clinics scheduled
- Part A Doses Administered
  - **81,276 Total Doses Administered**
    - 52,484 First Doses
    - 22,792 Second Doses
  - Resident and Staff Doses
    - 43,117 Resident Doses
    - 38,159 Staff Doses

Data as of 2.16.21 from CDC Tiberius Database

MDHHS
Michigan Department of Health & Human Services

Overview

- Part B- “Other” facilities
  - 3,740 Part B facilities enrolled
  - Includes AFC, HFA, HUD 202, etc.
  - Clinics began 1/4/21
  - 2,972 1st clinics scheduled
    - 2,602 1st clinics completed
  - 2,752 2nd clinics scheduled
    - 524 2nd clinics completed
  - 2,522 3rd clinics scheduled

Data as of 2.16.21 from CDC Tiberius Database

MDHHS
Michigan Department of Health & Human Services

Part B Doses Administered

- Total Doses Administered: 95,544
  - First Doses: 75,339
  - Second Doses: 20,205
- Resident Doses: 66,975
- Staff Doses: 28,569

Data as of 2.16.21 from CDC Tiberius Database

MDHHS
Michigan Department of Health & Human Services

MDHHS Noontime Knowledge Webinars

MDHHS
Michigan Department of Health & Human Services

Webinar Information

- MDHHS Division of Immunization is hosting biweekly COVID-19 updates with a question-and-answer session
- **Who:** For Health Care Workers and COVID-19 Vaccine Providers
- **What:** 15-20-minute discussion on select hot topics with 10-15 minutes for Q & A
- **When:** 12:00p.m. every other Thursday

Noontime Knowledge Topics

- February 11, 2021: COVID-19 Vaccine Safety Update
- February 25, 2021: Management of COVID-19 Side Effects
- March 11, 2021: Topic TBD
- March 25, 2021: Topic TBD
- Registration: You do not need to register prior to event
- https://us02web.zoom.us/j/81986475344?pwd=Mm5OU2RVbmtlaG8zVHRqNkpTOWVRQT09 Passcode: 486813

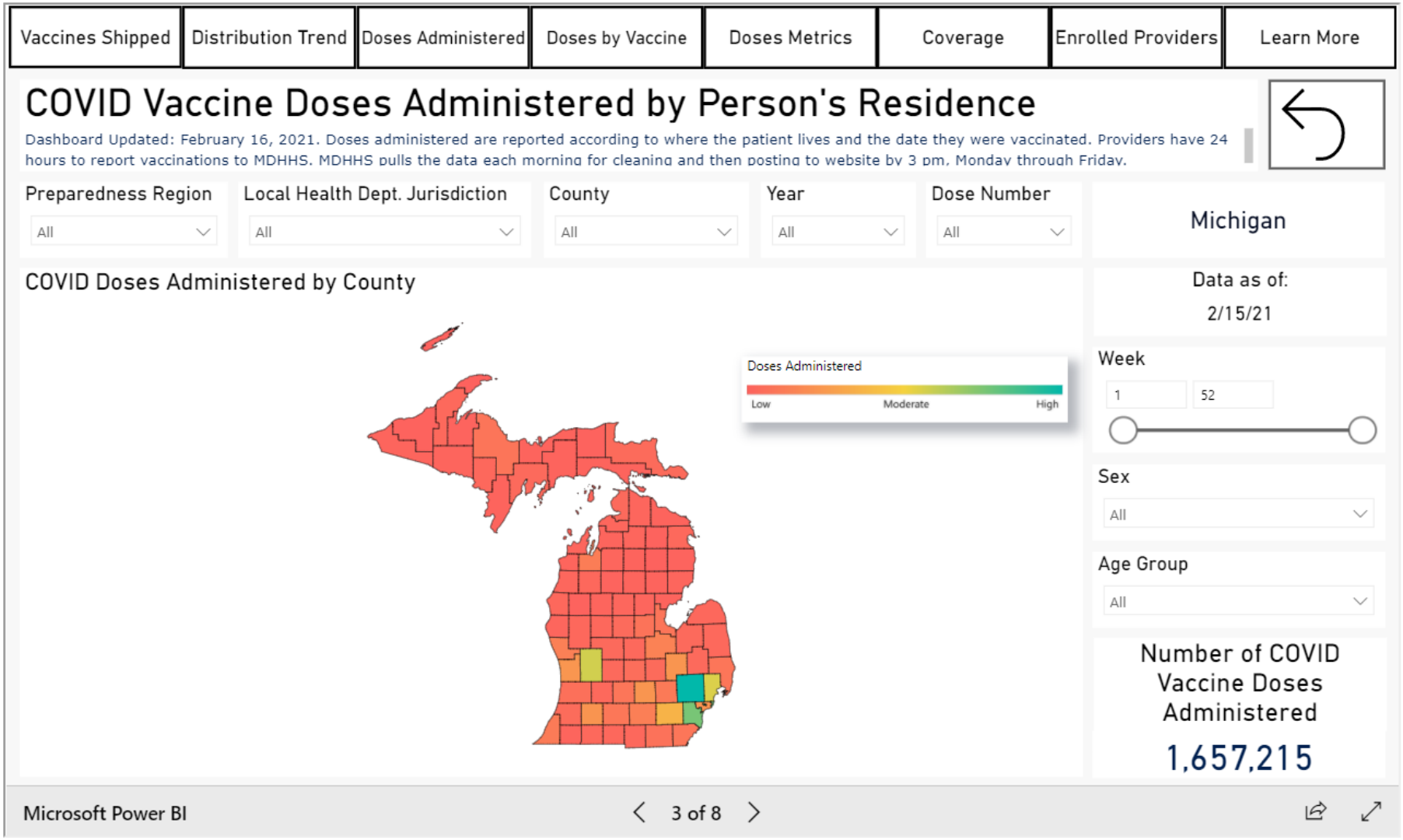
Call Archives and More Information

- Recording and slides of previous calls will be available at www.Michigan.gov/COVIDvaccine then click on: Provider Guidance and Education
- Additional questions? Email: checcimms@Michigan.gov

Michigan's COVID-19 Vaccine Data

MDHHS
Michigan Department of Health & Human Services

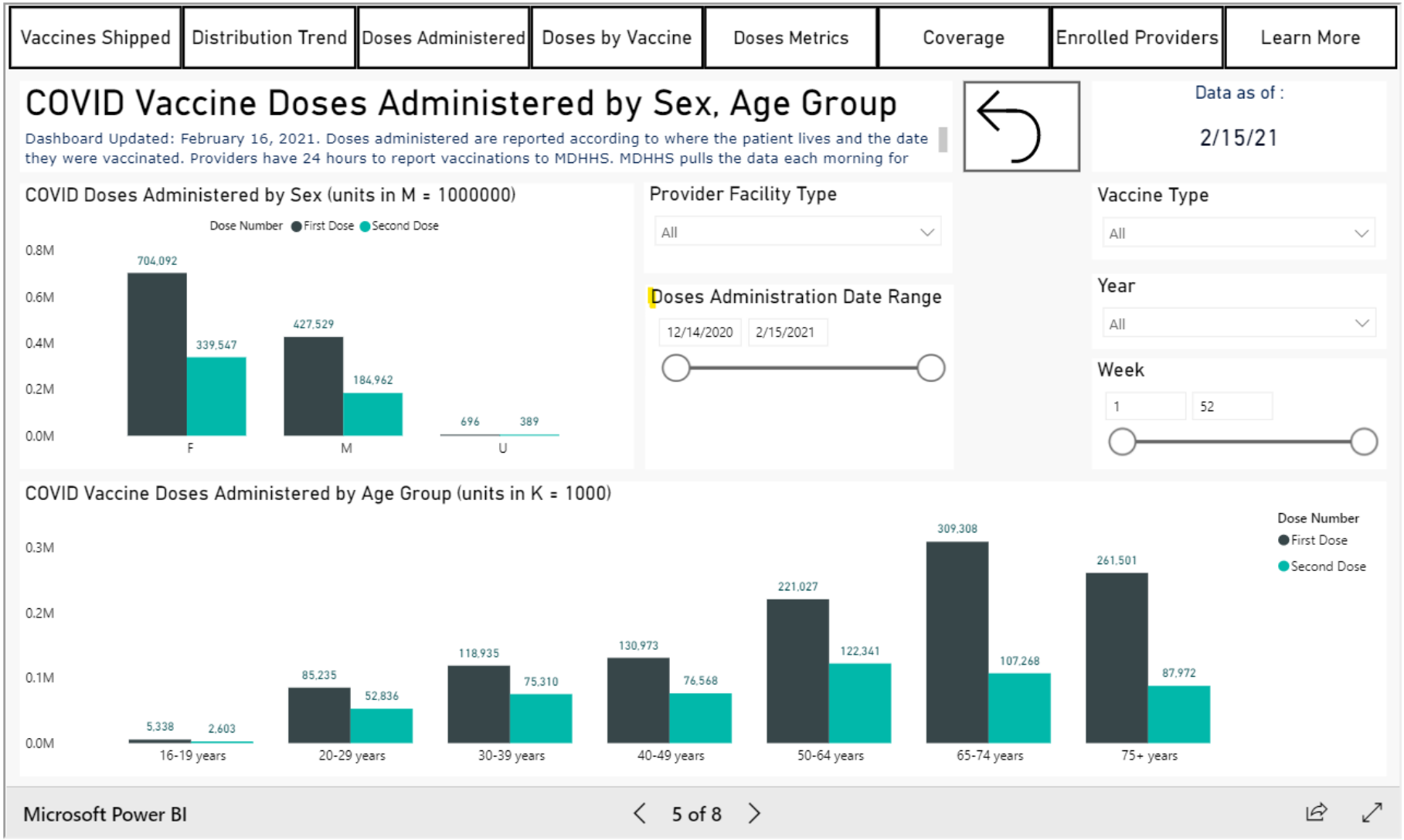
COVID-19 Dashboard Data



https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html

MDHHS
Michigan Department of Health & Human Services

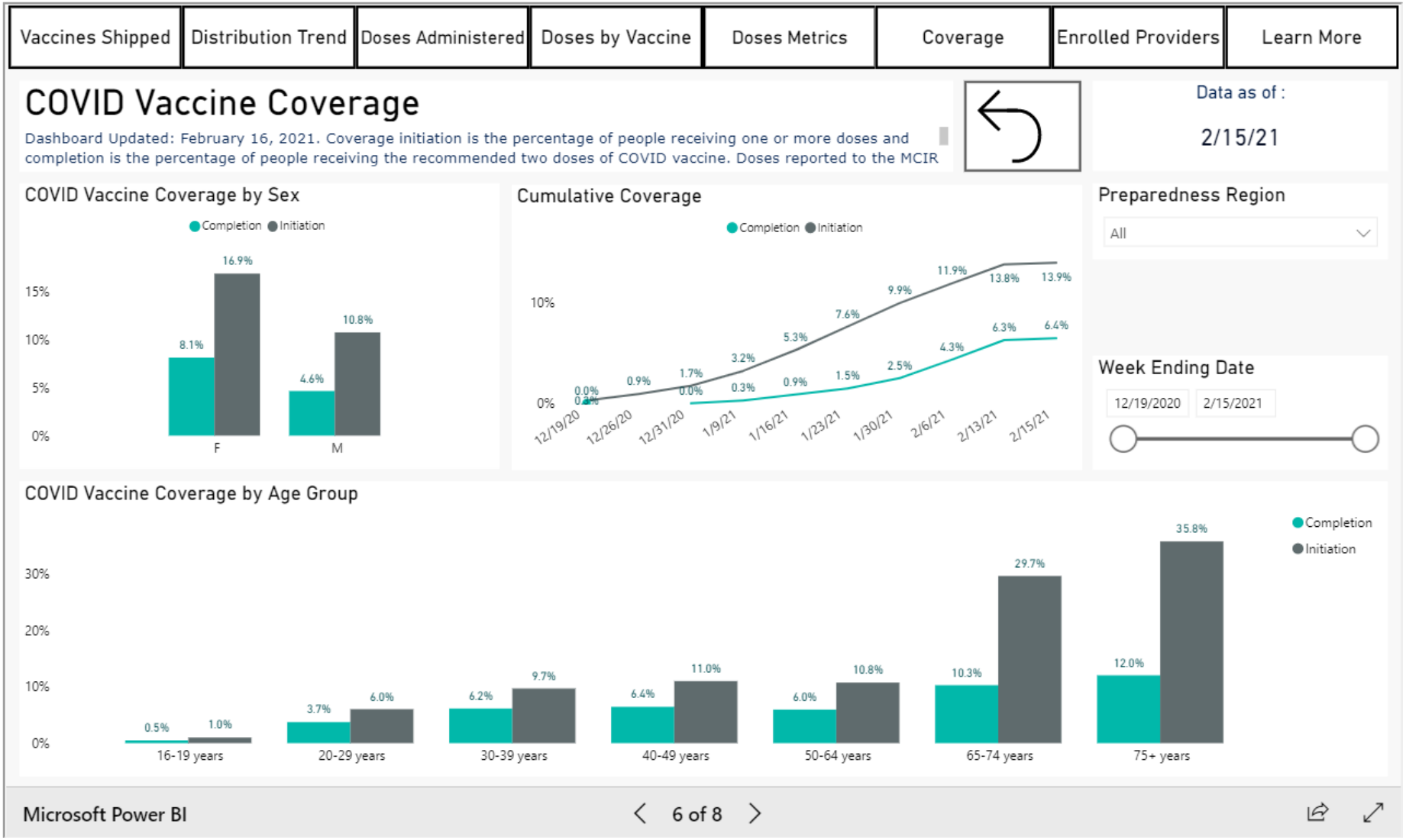
COVID-19 Dashboard Data



https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html

MDHHS
Michigan Department of Health & Human Services

COVID-19 Dashboard Data



https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214-547150--,00.html

MDHHS
Michigan Department of Health & Human Services

Resources

- MDHHS Resources Long-Term Care Pharmacy Partnership Program:
  - www.Michigan.gov/COVIDVaccine -> LTC Pharmacy Partnership page
  - Updated FAQ and List of Participating LTC Facilities
  - Questions: MDHHS-COVID-Longtermcare@Michigan.gov
- Michigan COVID-19 Vaccine Dashboard: 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

Respiratory Protection Overview

What Assisted Living Employers Need to Know

Presented by Anthony Smykla, CIH

February 17, 2021

MIOSHA Part 451 – Respiratory Protection

- Horizontal Standard
  - Vertical Standards apply (e.g. Covid Emergency Rules)
- Adopted OSHA Standard by Reference (1910.134)
  - Some MI Instructions (e.g. TB)
- One of the Top Cited Health Standards
- Addresses PPE, specific to protection against inhalation exposure route
- Applies to occupational exposures

The Part 451 Trigger

- "when such equipment is necessary to protect the health of such employee"
- Employer has duty to assess
- Includes emergency use
- SDS/Manufacturer's Recommendations
- PELs vs. RELs/TLVs: the world of "overexposures"
  - Limited PELs, Limited Methodologies, Limited Quantification "Test the Air!"

Is Respiratory Protection Required for Covid-19?

- Are there conditions to which the employee is exposed that can cause occupational disease?
  - High and Very High Exposure Risk Tasks/Procedures
  - Medical care or Housing of Known or Suspect Covid-19 individuals requiring frequent or prolonged close contact
  - If yes, employer must implement a full respiratory protection program.

Written Programs

- If one employee is required to wear a respirator…
  - Hazard Communication Program
  - Covid Preparedness and Response Plan
  - Written Personal Protective Equipment Assessment
  - Respiratory Protection Program

  - MIOSHA has templates for each at: Michigan.gov/miosha

Common Part 451 Violations

- Written/implemented site specific program.
- Medical evaluation.
- Annual fit testing.
- Annual training.
- Interference w/ sealing surfaces.
- Training on Appendix D for comfort respirators.
- Improper respirator selection.
- Improper respirator storage.

Respiratory Protection Program

- Must be written
- Qualified Program Administrator required
- No annual review, “as needed”
- “site-specific”
- Lots of technical components (e.g., changeout, selection, fit-testing)

“Comfort” Respirators

- Employer must have assessed risk and found no exposure
- Cannot be provided if they create a hazard
- Provide Appendix D Information
- Written program
  - not needed at all for filtering face-piece
  - Limited program required for all others (e.g. elastomeric half face w/ cartridges)
    - medical surveillance
    - procedures for proper use

Filtration

- N, R, P – Oil Resistivity
- 95, 99, 100 – Filtration Effectiveness "Capture"
- P-100 is "HEPA",
- N-95 is lowest approved by NIOSH
  - typically used for low hazard/high PEL dusts
- Certified by NIOSH, manufacturer required to submit prior to sale in U.S.
- See: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html
- https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html

Non-Certified

Non-certified dust mask

Surgical Mask

Certified

Powered Air-Purifying Resp. (PAPR)

- APF = 25

TABLE 1 – ASSIGNED PROTECTION FACTORS[5]

Respirator Type[1, 2]	Quarter Mask	Half Mask	Full Face	Helmet/Hood	Loose-Fitting
Air Purifying	5	[3]10	50	----------	----------
PAPR	----------	50	1,000	[4]25/1,000	25
SAR					
▪ Demand	----------	10	50	----------	----------
▪ Continuous Flow	----------	50	1,000	[4]25/1,000	25
▪ Pressure Demand/ other (+) pressure	----------	50	1,000	----------	----------
SCBA					
▪ Demand	----------	10	50	50	----------
▪ Pressure Demand/ other (+) pressure	----------	----------	10,000	10,000	----------

[1] May use respirators assigned for higher concentrations in lower concentrations or when required use is independent of concentration.

[2] These APF's are only effective when employer has a continuing, effective respirator program per 1910.134.

[3] This APF category includes filtering face pieces and elastomeric face pieces.

[4] Must have manufacturer test evidence to support an APF of 1,000 or else these respirators receive an APF of 25.

[5] These APFs do not apply to escape-only respirators. Escape respirators must conform to 1910.134(d)(2)(ii) or OSHA's *(i.e., MIOSHA's)* substance specific standards, if used with those substances.

APFs and Biohazards

- APF is based on Permissible Exposure Limits
- No airborne exposure limits established for biohazards
- No "Immediately Dangerous to Life and Health (IDLH)*" airborne concentration limits for biohazards

*An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Medical Evaluation

- Must provide before fit testing and use
- Must be performed by PLHCP
  - Review medical questionnaire (Appendix C)
- Follow-up medical exam as needed
- Written recommendation
- Only initial and follow-up as indicated (signs/symptoms)

Fit Testing

- Must fit test all required use respirators with tight-fitting face pieces

- When is a fit test required?
  - prior to initial use
  - whenever a different respirator face-piece is used
  - at least annually thereafter
  - report of changes in physical conditions

- Fit test protocol in Appendix A

Seal Checks

- Performed every time tight-fitting respirator is donned
- Before entering contaminated environment
- Must pass to perform assigned duties

Maintenance and Care

- The employer shall provide respirators that are clean, sanitary, and in good working order.
- Storage
  - protect from damage, contamination, deformation
- Inspection
  - routine use - before each use/during cleaning
- Repairs
  - Properly trained person
  - NIOSH-approved parts (same-for-same)

Identification

- NIOSH-approved filters, cartridges/canisters
- Labeled and color coded with NIOSH-approved label

Training and Information

- Must provide effective training
- Required prior to use.
- Retraining required annually and when
  - workplace conditions change
  - new types of respirators are used
  - inadequacies in employee's knowledge or use indicates need

Training and Information -
The employer shall ensure the employee can demonstrate:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities
- Use in emergency situations
- How to inspect, put on and remove, use and check the seals
- Procedures for maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use
- General requirements of the standard

FFR Re-use

- https://www.osha.gov/laws-regs/standardinterpretations/2011-11-22-0
- The N95 filtering facepiece respirator is a "disposable respirator." It must be discarded after use, or when it becomes damaged or soiled. It cannot be cleaned and disinfected according to the method described in Appendix B-2. OSHA is presently not aware of any alternate procedures provided by respirator manufacturers in their user instructions that would allow for cleaning and disinfecting their filtering facepiece respirators.
- Note that while N95 FFRs are meant to be discarded after each use, CDC has developed contingency and crisis strategies, including reuse and decontamination of N95 FFRs, to help healthcare facilities conserve their supplies in the face of shortages. For additional information, refer to CDC's Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators and CDC's Elastomeric Respirators: Strategies During Conventional and Surge Demand Situations.

OSHA Enforcement Memoranda

- https://www.osha.gov/enforcementmemos
- 9 Covid-19 memorandums are in effect
- Time-limited to current public health crisis
- Adopted by MIOSHA
- Most impact Part 451 requirements
- All require good faith efforts at compliance

OSHA FAQs

- MIOSHA has own FAQs
- OSHA - https://www.osha.gov/SLTC/covid-19/covid-19-faq.html
  - outlines the differences between cloth face coverings, surgical masks and respirators
  - reminds employers not to use surgical masks or cloth face coverings when respirators are needed.
  - notes the need for social distancing measures, even when workers are wearing cloth face coverings, and recommends following the Centers for Disease Control and Prevention's guidance on washing face coverings.

Thank You!

Any Questions?

Conclusion: Send questions / comments to:

Staffing:

- MDHHS-LTCStaffing@michigan.gov

Vaccines:

- MDHHS-COVID-Longtermcare@Michigan.gov

Testing:

- MDHHS-Binaxnowrequest@michigan.gov

All Other Questions:

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

- Subscribe to correspondence at this link: Subscribe