

Michigan Department of Attorney General COVID-19 Preparedness & Response Plan¹

In accordance with the CDC's latest guidance, the Department of Attorney General (DAG) has developed this COVID-19 Preparedness and Response Plan. This Plan is readily available to employees via the Department's SharePoint site and also available in paper copy upon request.

How Does SARS-CoV-2 Spread?

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, is highly infectious and can spread from person to person, including through aerosol transmission of particles produced when an infected person exhales, talks, vocalizes, sneezes, or coughs. The virus that causes COVID-19 is highly transmissible and can be spread by people who have no symptoms. Particles containing the virus can travel more than 6 feet, especially indoors and in dry conditions (relative humidity below 40%) and can be spread by individuals who do not know they are infected.

According to the CDC, the virus that causes COVID-19 spreads most commonly through person-to-person contact (within about 6 feet), primarily through inhalation of respiratory particles (droplets and aerosols) produced when an infected person exhales, talks, sings, shouts, coughs, or sneezes. Less commonly, it is spread through airborne transmission over longer distances when smaller droplets and particles linger in air, particularly in enclosed spaces with inadequate ventilation.

Another less common way that the virus spreads is when someone touches a contaminated surface, and then touches their nose, mouth, or eyes. Current evidence suggests that novel coronavirus may remain viable for hours to days on a variety of surfaces. Frequent cleaning of visibly dirty and high-touch surfaces, followed by disinfection, can help prevent SARS-CoV-2 and other respiratory pathogens (germs) from spreading in workplaces. Although touching contaminated surfaces or objects is not thought to be the main way the virus spreads, CDC is still learning more about various pathways of transmission.

Person-to-person spread is likely to continue to occur in areas with community transmission and insufficient mitigation strategies.

There is still more to learn about the transmissibility, severity, and other features associated with SARS-CoV-2.

¹ Last Revised on October 7, 2021.

Symptoms of COVID-19:

Symptoms of COVID-19 may occur 2-14 days after exposure and can include:

- Fever or chills
- Cough
- Shortness of breath or difficult breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Some people infected with the virus have reported experiencing other non-respiratory symptoms or even no symptoms at all (the latter being called “asymptomatic cases”).

Statement of Purpose:

The Department of Attorney General is committed to providing a safe and healthy workplace for its staff. Information contained in this Plan is intended to help guide protective actions and minimize the risk to employees of exposure to COVID-19.

The Department has also adopted a COVID-19 Workplace Safety and Office Reintegration Policy (“Policy”) to help ensure a safe, incremental, and structured return to the workplace.² The Policy effectuates the requirements of this Plan and is incorporated by reference herein.

Responsibilities:

Minimizing the risk of exposure to COVID-19 is a shared responsibility.

The Department will:

- Inform employees about how they may be exposed to COVID-19.
- Educate, train, and supervise employees on safe work procedures, including hand washing and the proper use of personal protective equipment (PPE).

²The COVID-19 Workplace Safety and Office Reintegration Policy was effective on August 23, 2021, and supersedes the COVID-19 Workplace Safety Policy, effective August 3, 2021.

- Tell employees to seek medical attention, as required.
- Notify employees upon learning they were in close contact with another employee that tested positive for COVID-19 in accordance with departmental policy.
- Provide reporting methods for employees to report exposure.
- Ensure that employees understand the safe work procedures outlined in the Policy such as social distancing, hand washing and sneezing/coughing etiquette.
- Direct work in a manner that minimizes the risk to employees.

Employees will:

- Know the hazards of the workplace.
- Follow established work procedures and safety protocols as directed by the Department or their supervisor.
- Use any required PPE as instructed.
- Report any unsafe conditions or acts to a supervisor or the Safety Coordinator.
- Abide by the mitigation requirements outlined in department policy.
- Know how and when to report exposure incidents.

Risk Identification and Assessment:

Three routes of transmission are anticipated for the COVID-19 virus, all of which need to be controlled. These include contact, droplet, and airborne transmission.

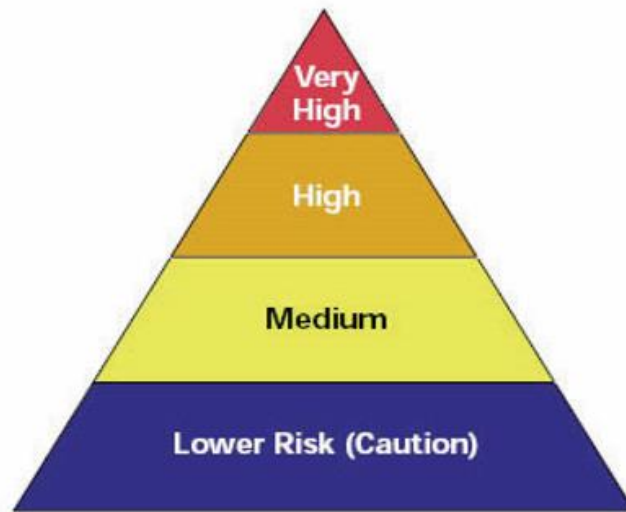
Contact Transmission: Direct contact transmission involves skin-to-skin contact. Indirect contact transmission involves an employee touching a contaminated intermediate object such as a table, doorknob, telephone, or computer keyboard, and then touching their eyes, nose, or mouth.

Respiratory Transmission: Respiratory droplets may be generated when an infected person coughs or sneezes. Droplets can travel a short distance through the air and be deposited on inanimate surfaces or in the eyes, nose, or mouth.

Aerosol Transmission: Coughs and sneezes produce both large droplets and smaller airborne particles. As the distance from the person coughing or sneezing increases, the risk of infection from airborne exposure is reduced but can still be a concern in smaller, enclosed areas. As the number of infected people in a room increases, the risk of infection can increase.

Based on the ways COVID-19 typically spreads, an assessment of worker’s risk of occupational exposure has been developed by the Occupational Safety and Health Administration (OSHA).

Occupational Risk Pyramid for COVID-19



OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Per OSHA guidance:³

Worker risk of occupational exposure to SARS-CoV-2 during the pandemic may vary from community to community, depending on local conditions or outbreaks. Exposure risk depends in part on the physical environment of the workplace, the type of work activity, the health status of the worker, the ability of workers to wear face coverings and abide by CDC guidelines, and the need for close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people, including those known to have or suspected of having COVID-19, and those who may be infected with—and able to spread—SARS-CoV-2 without knowing it. Other factors, such as conditions in communities where employees live and work, their activities outside of work, and individual health conditions, may also affect workers’ risk of getting COVID-19 and/or developing complications from the illness.

³ See OSHA 3990-03 2020, “Guidance on Preparing Workplaces for COVID-19,” US DOL, page 18.

OSHA has divided job tasks into four potential risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid above.

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Employers should always rely on current hazard assessments to identify workers' initial exposure risk to the virus on the job and changes to exposure risk if and when job duties change.

Very high exposure are jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Examples of workers in this category include healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients; healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients); and, morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

High exposure are jobs with a high potential exposure to known or suspected sources of COVID-19. Workers in this category include healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients; medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles; mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death; those who have frequent or sustained contact with coworkers, including under close working conditions indoors or in poorly ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces; and, those who have frequent indoor or poorly ventilated contact with the general public, including workers in retail stores, grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars.

Medium exposure are jobs that require either frequent close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) or sustained close contact with other people in areas with community transmission.* Examples of workers in this category include those who have frequent or sustained contact with coworkers, including under close working conditions outdoors or in well ventilated spaces in various types of industrial, manufacturing, agriculture, construction, and other critical infrastructure workplaces; those who have frequent outdoor or well ventilated contact with the general public, including workers in retail stores,

grocery stores or supermarkets, pharmacies, transit and transportation operations, law enforcement and emergency response operations, restaurants, and bars; and those living in temporary labor camps (e.g., farm workers) or similar shared housing facilities.

Lower exposure are jobs that do not require close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with other people. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include remote workers (i.e., those working from home during the pandemic); office workers who do not have frequent close contact with coworkers, customers, or the public; and healthcare workers providing only telemedicine services.

* Because any given person may be an asymptomatic carrier, workers' exposure risks may increase when they have repeated, prolonged contact with other people in these situations, particularly where physical distancing and other infection prevention measures may not be possible or are not robustly implemented and consistently followed.

DAG Risk Assessment & Determination:

The Department has evaluated routine and reasonably anticipated tasks and procedures for all employees to determine whether there is actual or reasonably anticipated employee exposure to COVID-19. The Department has determined that all department positions, jobs, or tasks fall into the medium or lower (caution) exposure risk levels. This determination is consistent with the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) Hazard Recognition/Clarifying Risk of Worker Exposure to COVID-19.

Per the CDC Interim Public Health Recommendations/Guiding Principles, indoor and outdoor activities pose a minimal or lower (caution) risk to fully vaccinated people. Additionally, fully vaccinated people have a reduced risk of transmitting COVID-19 to unvaccinated people. In general, employees are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Employees who do not meet these requirements are NOT fully vaccinated and are encouraged to keep taking all precautions until they are fully vaccinated.

Risk & Exposure Control:

The Department's Policy implements engineering controls, administrative controls, basic infection prevention measures, face covering and PPE requirements, health surveillance requirements, and training requirements in light of the workplace exposure risks identified above. Generally, the Department's Policy includes: (1) access control measures; (2) social distancing requirements; (3) sanitation and hygiene measures; (4) the use of face coverings and other personal protective equipment; (5) contact tracing and isolation; and (6) signage & education. The Policy also adopts compliance, training, and reporting requirements. The Policy is adopted and incorporated by reference herein. It can be accessed on the Department's SharePoint site.

Compliance, Reporting & Training:

The Department's Policy provides: (1) a process for employees to report suspected violations of policy, and (2) a Safety Coordinator to implement, monitor, and report on the COVID-19 control strategies.

The Department also provided a mandatory workplace safety training to employees on SARS-COV-2 and COVID-19. The training included workplace infection control practices, the proper use of PPE, steps the employee must take to notify the Department of any symptoms of COVID-19 or suspected or confirmed COVID-19 diagnosis, and how to report unsafe working conditions. The training is available for any employee to access on the Department's SharePoint Site. The Office of State Employer also offers a training entitled "COVID-19: Keeping You Safe at Work" (updated July 6, 2021). All department employees must either take the DAG or OSE training before returning to the office. Employees should document the successful completion of the training in their DAG training file.

The PREP Board shall serve as the Safe Start Team and assist with the development and implementation of policies to effectuate this Plan.

**IF YOU HAVE QUESTIONS, PLEASE
CONTACT THE OFFICE OF HUMAN RESOURCES
AT (517) 335-7625**

