

# MIOSHA

Michigan Occupational Safety and Health Administration (MIOSHA)  
Department of Labor and Economic Opportunity (LEO)

## AGENCY INSTRUCTION

DOCUMENT IDENTIFIER:

MIOSHA-SHMS-20-1R1

DATE:

November 5, 2020

**SUBJECT: COVID-19 Preparedness and Response Plan for MIOSHA Staff**

- I. Purpose. This instruction represents the novel coronavirus disease 2019 (COVID-19) preparedness and response plan to minimize or eliminate exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) among MIOSHA staff. This instruction is an addendum to the Department of Labor and Economic Opportunity's Return to Work Framework Plan. This document is available to MIOSHA employees on the internal shared network drive (S-drive).
- II. Scope. This instruction applies agency wide.
- III. References.
  - A. Agency Instruction MIOSHA-SHMS-13-3, [Personal Protective Equipment \(PPE\) for MIOSHA Personnel](#), as amended.
  - B. Agency Instruction MIOSHA-SHMS-11-3, [Respiratory Protection Program for MIOSHA Staff](#), as amended.
  - C. [MIOSHA Emergency Rules, Coronavirus Disease 2019 \(COVID-19\)](#).
  - D. [MIOSHA Field Operations Manual \(FOM\)](#), as amended.
  - E. State of Michigan, [Coronavirus](#), webpage.
  - F. US Centers for Disease Control and Prevention (CDC), [COVID-19 Guidance](#), webpage, as amended.
  - G. US Occupational Safety and Health Administration (OSHA), [Guidance on Preparing Workplaces for COVID-19](#), 2020.
- IV. Distribution. MIOSHA Staff; Federal OSHA; S-drive Accessible; and MIOSHA Messenger.
- V. Next Review Date. This instruction will be reviewed within six months from date of issuance.
- VI. History. History of previous versions include:  
MIOSHA-SHMS-20-1, June 2, 2020
- VII. Contact. [Barton G. Pickelman](#), Director.
- VIII. Originator. Barton G. Pickelman, Director.
- IX. Background. SARS-CoV-2 infection causes COVID-19, which in the worst cases manifests as a severe acute respiratory syndrome. Symptoms can include fever, dry cough, fatigue, shortness of breath, sputum production, sore throat, headache, and muscle aches and pains. Cases can progress to pneumonia, multi-organ failure, and death.

SARS-CoV-2 is easily transmitted from person to person. The primary mode of transmission is airborne through respiratory aerosols from the infected person's nose and mouth when they cough, sneeze, speak, or even exhale. The aerosols may remain viable in the air for several hours and on plastic, metal, or glass surfaces for several days.

The role of asymptomatic individuals in the transmission of SARS-CoV-2 is still under investigation. Case reports have shown that asymptomatic individuals can transmit the infection. At present there is no vaccine against SARS-CoV-2, and there is no proven and effective antiviral drug treatment.

MIOSHA staff share the same background risk of SARS-CoV-2 infection as others in their community. This instruction deals with the added risk they incur in their jobs. At work MIOSHA staff have potential exposure when they interact with coworkers in the office and when they have contact with the public in the field, including at establishments that provide healthcare and housing to suspected or confirmed cases of COVID-19. In the field, the routes of transmission to MIOSHA staff encompass close contact with infected persons, occupying spaces where SARS-CoV-2 may be lingering in the air, and touching environmental surfaces contaminated with SARS-CoV-2.

X. Significant Changes.

- A. Replaced all Executive Order references with Emergency Rules.
- B. Added primary and back-up COVID-19 safety coordinator.
- C. Added Section XX. Recordkeeping.

XI. General Guidelines.

- A. This preparedness and response plan provides a general framework to minimize or eliminate exposure to SARS-CoV-2. It does not provide specific procedures for all scenarios. MIOSHA staff must apply and tailor the broad principles in the instruction to the situations that they encounter on a case-by-case basis. This approach is necessary due to the wide variety of community outbreak scenarios and the variety of exposure scenarios in establishments.
- B. MIOSHA staff will follow the latest guidance for COVID-19 from the US Centers for Disease Control and Prevention (CDC) and the US Occupational Safety and Health Administration (OSHA) [Guidance on Preparing Workplaces for COVID-19](#).
- C. MIOSHA staff will follow the [CDC](#) and [OSHA](#) guidance for COVID-19 applicable to the industry and types of jobs at the establishment.
- D. MIOSHA staff will follow the [CDC](#) and [OSHA](#) guidance for COVID-19 for PPE.
- E. MIOSHA staff will follow the applicable [MIOSHA Emergency Rules, Coronavirus Disease 2019 \(COVID-19\)](#).
- F. MIOSHA staff will follow the hierarchy of controls for occupational hazards, as available and appropriate to the situation. Thus, MIOSHA staff will opt for hazard

isolation first, then administrative and work practice controls, and PPE as a last resort.

- G. MIOSHA staff will balance hazard isolation against the need to conduct a thorough investigation, which according to the [MIOSHA Field Operations Manual](#) requires a walkaround of the inspected establishment to observe work activities firsthand, interviews with the requisite number of employees, and affording employees the opportunity to be interviewed privately.
  - H. MIOSHA management staff will be responsible for implementing, monitoring, and reporting on the COVID-19 control strategies in this instruction.
- XII. Exposure Determination. MIOSHA has evaluated routine and reasonably anticipated tasks and procedures for its staff to determine whether there is actual or reasonably anticipated employee exposure to SARS-CoV-2. Based on this evaluation, MIOSHA has placed the jobs of its staff into the following four exposure risk categories based on the OSHA [Guidance for Preparing Workplaces for COVID-19](#):
- A. Lower Exposure Risk Job. These jobs are defined by OSHA as those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 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. MIOSHA staff who fall into this category are those staff who are currently working exclusively from home (including field staff who are conducting all inspections remotely), office staff on the days they are working from home, and field staff when they are visiting establishments with only lower exposure risk jobs.
  - B. Medium Exposure Risk Job. These jobs are defined by OSHA as those that require frequent and/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. In areas where there is ongoing community transmission, workers in this category may have contact with the general public and coworkers (for example, schools, high-population-density work environments, high-volume retail settings). MIOSHA staff fall into this category on the days they work in a state office building or state-leased building. Field staff have medium exposure risk jobs on the days that they visit medium exposure risk establishments (which would include most manufacturing plants, construction sites, schools, high-volume retail settings, and other high-density work environments). MIOSHA consultants have medium exposure risk jobs on the days that they provide training at medium exposure risk establishments which includes a co-sponsor's site and new hire training in a low-density office space.
  - C. High Exposure Risk Job. These jobs are defined by OSHA as those with high potential for exposure to known or suspected sources of COVID-19. The MIOSHA staff would fall into this category are field staff but only on the days that they visit establishments where they could come into contact with known or suspected cases of COVID-19, such as health care facilities, medical transport

companies, nursing homes, correctional facilities, law enforcement departments, and mortuaries.

- D. Very High Exposure Risk Job. These jobs are defined by OSHA as those with very high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. MIOSHA staff do not fall into this category because they are expected to not enter work areas where there is very high exposure job risk.

XIII. Hazard Isolation. Hazard isolation completely separates the employee from the hazard and is the most effective exposure control method. In accordance with MIOSHA COVID-19 Emergency Rules, MIOSHA will prohibit employees from working in person to the extent feasible. MIOSHA will implement hazard isolation where feasible to minimize or eliminate employee exposure to SARS-CoV-2.

- A. Field Staff. For field activities, hazard isolation measures can include:
1. Conduct the entire field activity remotely (by phone, web conferencing, fax, email). For example, a COVID-19 complaint can be handled by a COVID-19 D-letter or COVID-19 telephone inspection. A training class can be conducted virtually with the MIOSHA trainer alone in the room and the students in a remote location.
  2. Conduct the field activity on-site but limit the time at the establishment and limit contact with the others at the establishment.
    - a) Take the route into the facility that minimizes exposure risk. For example, do not enter a hospital through the emergency room entrance.
    - b) Choose a staging area in the facility that minimizes exposure risk. For example, in a hospital the staging area could be a conference room in the administrative suite or a building separate from the rest of the facility. At a construction site, the parking lot can be used.
    - c) In very high exposure risk areas, omit the walkaround. Gather the information that would otherwise be collected during the walkaround through other means such as interviews, program and record reviews, and requests for photographs.
    - d) In high exposure risk establishments, limit the time spent in the walkaround to critical tasks. Plan the route so the trip is intentional in its fact gathering. In advance of the walkaround, learn as much as possible about the work operations and tasks and their locations in the facility through interviews, maps of the buildings, and photographs of the areas, so the walkaround is more of a confirmatory task.
    - e) Do not enter high or very high exposure risk areas unless approved by your division director. Examples of these areas are patient isolation rooms, intensive care units, emergency rooms, rooms of

suspected or confirmed cases of COVID-19, rooms where aerosol-generating procedures are conducted on known or suspected cases of COVID-19 patients.

- f) Conduct interviews of management representatives remotely.
- g) Conduct employee interviews remotely. Obtain from the employer a complete list of employees by department, job title, and contact information. The interviews can be conducted by telephone or by web conferencing, where the participants can see each other's faces on their computer or phone screen. Consider asking the employer to arrange for the interviews by setting up a private location in their facility for web conferencing or phone calls.
- h) Interview employees away from their work, so MIOSHA staff do not have contact with the public, other workers at the facility, and suspected or confirmed cases of COVID-19. For example, a conference room distant from the work could be used.
- i) Conduct record reviews and program reviews remotely. Ask that the employer send documents to MIOSHA staff by email or US mail.
- j) Conduct the closing conference by telephone.

B. Office Staff. MIOSHA has identified office staff that are required for in-person work within their official workstation. In the office, hazard isolation measures can include:

1. Restricting the number of office staff present in state office buildings and the laboratory to no more than is strictly necessary to perform the in-person work.
2. Communicating and meeting with coworkers and the public through phone calls, emails, teleconferencing, and web conferencing rather than face-to-face contact in the same physical space.
3. Suspending all nonessential visitors to state office buildings.
4. Promoting telework to the fullest extent possible.
5. Reassigning office staff to home offices on a temporary basis.

C. MIOSHA will restrict business-related travel (including in-person conference events) to essential travel only.

XIV. Engineering Controls. Engineering controls are controls that place a barrier between the worker and a hazard or remove the hazard through ventilation. In most circumstances, MIOSHA has no control over engineering controls, so it will rely on the pre-existing engineering controls in the buildings and locations that staff visit or occupy. Examples of engineering controls are the heating, ventilation, and air-conditioning systems in buildings, local exhaust ventilation, floor-to-ceiling walls, cubicle walls, plastic

containments for COVID-19 cases in health care facilities, and plexiglass barriers between employees and customers in retail establishments.

XV. Administrative Controls. MIOSHA will implement administrative controls where feasible to minimize or eliminate employee exposure to SARS-CoV-2.

A. MIOSHA has designated a [primary](#) and a [back-up](#) COVID-19 safety coordinator to implement, monitor, and report on the COVID-19 control strategies. Concerns related to any of the COVID-19 control strategies should be directed to the primary or backup coordinator.

B. MIOSHA will post signs in the office that encourage staying away from the workplace when sick, cough and sneeze etiquette, and proper hand hygiene practices.

C. MIOSHA staff will:

1. Keep at least six-foot distance from the closest person.
2. Limit the time talking to co-workers.
3. Not shake hands. Use forms of greeting that do not involve physical contact.
4. Wash hands frequently with soap and water for at least 20-seconds.
5. Use an alcohol-based hand sanitizer with at least 60% alcohol when soap and water are unavailable.
6. Wash hands immediately if they become visibly soiled.
7. Not touch eyes, nose, or mouth with unwashed hands.
8. Not touch potentially contaminated surfaces.
9. Promptly remove themselves from sick people.
10. Practice proper cough and sneeze etiquette.
11. Not use other workers' phones, desks, offices, or other work tools and equipment, when possible.

D. MIOSHA field staff will:

1. Have employees, employee representatives, and management representatives wear surgical masks or cloth face coverings during interviews.
2. Have interviewees decontaminate, as appropriate, before meeting them away from their workstation for interview. Decontamination would include removal of their PPE and washing their hands and face
3. Consider interviewing employees outdoors crosswind from the employee.
4. Industrial Hygienists.

- a) Show and train monitored employees how to put on, properly wear, and take off personal air and noise monitoring from a greater than six-foot distance from the employee, in lieu of the industrial hygienist placing the equipment on the employee. The industrial hygienist would start and stop the equipment immediately before and after it was on the employee.
- b) Wipe down air and noise monitoring equipment with antiseptic towelettes after the removal from the employee.

XVI. Hand Hygiene and Disinfection of Environmental Surfaces.

- A. MIOSHA will ensure the availability and ready accessibility of handwashing facilities in state office buildings and the laboratory. When handwashing facilities become unavailable (for example, due to water shut off), MIOSHA will provide its staff with antiseptic hand sanitizers or alcohol-based hand towelettes containing at least 60 percent alcohol.
- B. For the field, MIOSHA will provide staff with antiseptic hand sanitizers or towelettes. Typically, the establishments visited by MIOSHA staff have handwashing facilities available.
- C. In state office buildings, MIOSHA will make EPA-approved disinfecting supplies available to employees upon entry into the building and require employees to wipe down their workstations, as needed.
- D. MIOSHA will ensure that the state office buildings and the laboratory are regularly cleaned, and that environmental surfaces and equipment are disinfected to prevent transmission of SARS-CoV-2. MIOSHA will ensure that the cleaning and disinfection frequency is increased relative to before the pandemic and that high-touch surfaces and shared equipment (such as door handles, elevator buttons, vending machine buttons, copy machine buttons, refrigerator handles, microwave controls, other break room surfaces, restroom surfaces and door handles) are given special attention.
- E. MIOSHA will ensure that enhanced cleaning and disinfection are performed in state office buildings and the laboratory after persons suspected or confirmed to have COVID-19 have been in the workplace. Prior to and during the cleaning and disinfection, employees in the area will be relocated or sent home.

XVII. Personal Protective Equipment (PPE).

- A. MIOSHA will provide its staff with PPE for SARS-CoV-2 appropriate to the exposure risk associated with the job following the [CDC](#) and [OSHA](#) guidance applicable to the industry and types of jobs at the workplace.
- B. For purposes of this instruction, PPE includes respiratory protection.
- C. MIOSHA will ensure that the PPE is properly fitted and worn; consistently used; regularly inspected, maintained, and replaced, as necessary; and properly removed, cleaned, and stored or disposed of to avoid contamination of self,

others, or the work environment. Staff will follow the Agency Instruction for [Personal Protective Equipment \(PPE\) for MIOSHA Personnel](#) and the Agency Instruction for [Respiratory Protection Program for MIOSHA Staff](#).

D. Office Staff.

1. MIOSHA will provide non-medical grade face coverings to its office employees. This item is not considered PPE.
2. MIOSHA will require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the office.
3. MIOSHA will require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.
4. MIOSHA will consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the office.

E. Field Staff.

1. In lower and medium exposure risk establishments, MIOSHA field staff:
  - a) Are not required to wear PPE.
  - b) May voluntarily wear a NIOSH-certified disposable N95 filtering facepiece respirator.
  - c) Must wear a non-medical grade (cloth) face covering. This item is not considered PPE.
2. In high exposure risk establishments, MIOSHA field staff will wear the following PPE when they are in areas with known or suspected cases of COVID-19:
  - a) Respiratory protection. A half-mask elastomeric facepiece with high efficiency particulate air (HEPA) filter cartridges must be worn. An N95 or KN95 filtering facepiece respirator will not be worn when entering high exposure risk areas.
  - b) Gloves. Fluid-resistant gloves.
  - c) Gown. Tyvek suits.
  - d) Eye protection. Goggles or a disposable face shield that covers the front and sides of the face.
3. In high exposure risk establishments, MIOSHA field staff may need to use PPE in areas with no known or suspected cases of COVID-19 but with high exposure risk. Examples:
  - a) Medical laboratory that performs analysis for SARS-CoV-2 from sputum samples.



- b) Recently vacated airborne isolation room in hospital with COVID-19 case.
    - c) Recently vacated procedure room where high concentrations of respiratory aerosols were produced from COVID-19 case.
  4. In high exposure risk establishments, in the lower and medium exposure risk areas (such as administrative offices or the cafeteria), MIOSHA field staff:
    - a) Are not required to wear PPE.
    - b) May voluntarily wear a NIOSH-certified disposable N95 filtering facepiece respirator.
    - c) Must wear a non-medical grade (cloth) face covering.
  5. MIOSHA field staff will not enter very high exposure risk areas unless approved by your division director.
  6. MIOSHA field staff will always bring the full set of PPE on their field activities, even if the initial exposure assessment or prior visit indicates no need for PPE. This gives staff access to the necessary PPE if the initial exposure assessment is incorrect, or if the SARS-CoV-2 exposure risk changes from the previous visit or during the visit itself.
  7. MIOSHA field staff will don PPE in the clean area. Staff will doff the PPE prior to re-entering the clean area. Staff will wash their hands and face before reentering the clean area, or use antiseptic hand sanitizers or towelettes if handwashing facilities are unavailable.
  8. MIOSHA field staff will dispose of the PPE immediately after use unless it can be disinfected. An elastomeric half-mask facepiece will be disinfected and reused; the disposable cartridges will be discarded. Goggles will be disinfected and reused.
  9. MIOSHA field staff will dispose of PPE in a dedicated container (for example, trash bag supplied by MIOSHA) preferably at the worksite.

#### XVIII. Health Surveillance.

- A. MIOSHA will implement a screening protocol to identify known or suspected cases of COVID-19 among staff and isolate them from the remainder of the workforce.
- B. MIOSHA will follow the screening protocols for the Michigan Department of Labor and Economic Opportunity. MIOSHA office staff in Wayne, Saginaw, and Kent counties and the City of Detroit will follow the screening protocols for their respective localities.
- C. MIOSHA will screen staff for signs and symptoms COVID-19 each day at the start of the work shift.

- D. MIOSHA will direct staff to promptly report any signs and symptoms of COVID-19 to their manager before and during the work shift and provide staff with instructions for how to make such a report to their manager.
- E. MIOSHA will physically isolate any staff with known or suspected COVID-19 from the remainder of the workforce, using measures such as:
  - 1. Not allowing known or suspected cases to report to or remain at their work location.
  - 2. Sending known or suspected cases to a location (for example, home) where they are self-isolating during their illness.
  - 3. Assigning known or suspected cases to work alone at the location where they are self-isolating during their illness.
- F. MIOSHA will allow known or suspected cases to return to work with other staff only after they have been deemed to no longer be infectious. [CDC](#) guidance will be used to make that determination.
- G. When a MIOSHA employee is identified as a confirmed case of COVID-19, MIOSHA will notify both:
  - 1. The local health department immediately.
  - 2. Any co-workers, contractors, or suppliers who may have come into contact with the employee who is the confirmed case of COVID-19 within 24 hours.

XIX. Training.

- A. MIOSHA will provide training to its employees on SARS-CoV-2 and COVID-19.
- B. The training will cover the following topics:
  - 1. Routes by which SARS-CoV-2 is transmitted from person to person.
  - 2. Distance that SARS-CoV-2 can travel in the air.
  - 3. How long SARS-CoV-2 remains viable in the air and on environmental surfaces.
  - 4. Signs and symptoms of COVID-19.
  - 5. Steps the employee must take to notify the agency if they have signs or symptoms of COVID-19 or if they have a confirmed diagnosis of COVID-19.
  - 6. Measures MIOSHA is implementing to prevent employee exposure to SARS-CoV-2 as described in the preparedness and response plan.
  - 7. How staff can get a copy of the MIOSHA preparedness and response plan.
  - 8. Workplace infection-control practices.
  - 9. PPE requirements for employees.

10. How to report unsafe working conditions.
- C. Updated training will be provided if the preparedness and response plan changes or new information becomes available about the transmission of SARS-CoV-2 or diagnosis of COVID-19.
  - D. Continuing Education. MIOSHA staff should remain current on the latest developments on SARS-CoV-2 and COVID-19 as this instruction only reflects the state of knowledge as of the date of its issuance and because new information becomes available each day. Information is available at the State of Michigan [Coronavirus](#) webpage, including a link to the CDC guidance.
- XX. Recordkeeping. MIOSHA will maintain the following records for 1 year from the time of generation:
- A. Employee training.
  - B. Self-screening protocol for all employees entering the workplace.
  - C. Required notifications.
- XXI. Standard Operating Procedure – Site-Specific Exposure Assessment and Exposure Control Plan for Field Staff. For each establishment that they visit, field staff will perform an exposure assessment for SARS-CoV-2 and develop and implement an exposure control plan to minimize or eliminate their own SARS-CoV-2 exposure. Field staff will complete the form in [Appendix A](#) and use it as their exposure assessment and exposure control plan. Field staff will retain the form in the file for the on-site activity.
- A. Site-Specific Exposure Assessment. To assess their exposure to SARS-CoV-2, MIOSHA staff will:
    1. Perform a site-specific exposure assessment for each establishment that they visit.
    2. Develop an initial exposure assessment before departure for the establishment using the information available at the time.
    3. Complete the exposure assessment section of the form in [Appendix A](#). The form will serve as the exposure assessment. Retain the form in the file for the on-site activity.
    4. Update the assessment as more information becomes available during the field activity.
    5. Categorize exposure risk using the exposure risk to workers at the establishment and the four exposure risk categories (lower, medium, high, very high) in the OSHA [Guidance on Preparing Workplaces for COVID-19](#).
    6. Presumptively classify certain establishments as high exposure risk by the nature of their work activities:
      - a) Healthcare establishments like hospitals, urgent care facilities, and family medicine practices that would see COVID-19 patients.

- b) Nursing homes.
    - c) Medical transport companies.
    - d) Mortuaries.
    - e) Buildings under quarantine.
  7. Identify and list the locations and activities at the establishment where MIOSHA staff could be exposed to SARS-CoV-2.
  8. Consider the purpose of the field activity, that is, the activities that MIOSHA staff will engage in and where those would commonly take place in the facility.
  9. Account for the factors in section XXI (B)(1)(a).
  10. Account for the background level of SARS-CoV-2 in the community where the establishment is located as indicated by:
    - a) Number and prevalence of active cases of COVID-19 in the state and county.
    - b) Availability and frequency of SARS-CoV-2 testing, to gauge the actual prevalence of infection.
    - c) Government rules, recommendations and orders including those that close establishments, cancel mass gatherings, have employees work from home, or involve quarantines, lockdowns, shelter-in-place orders, or stay-at-home orders. Information is available at the State of Michigan [Coronavirus](#) webpage.
- B. Advance Preparation.
1. Enforcement Staff. Enforcement staff do not typically provide advance notice of their inspections. Before an inspection, enforcement staff will:
    - a) Attempt to collect as much of the following information about the establishment as is available at the time without contacting the employer. Information not available prior to the site visit should be obtained if possible upon arrival onsite.
      - (1) Category of the highest exposure risk job in the establishment, using the four job exposure risk categories in the OSHA [Guidance on Preparing Workplaces for COVID-19](#).
      - (2) Work activities, operations, procedures, processes, and equipment that can create SARS-CoV-2 exposure.
      - (3) Physical location of the above within the facility.
      - (4) Number of suspected and confirmed COVID-19 cases.

- (5) Controls the employer has in place to prevent SARS-CoV-2 infection including hazard isolation, engineering controls, administrative and work practice controls, and PPE for employees at the establishment.
      - (6) Control measures that would be required for MIOSHA staff inspecting the establishment.
      - (7) Route for MIOSHA staff to enter the facility to avoid suspected and confirmed COVID-19 cases.
      - (8) Location of a staging area for the inspection away from areas with suspected or confirmed COVID-19 cases (e.g., empty office or conference room in administrative suite).
      - (9) Preparedness and response plan of the establishment.
    - b) If the inspection is based on a report from a person, collect as much information as possible from that person. The person could be a complainant; the person who reported the fatality or imminent danger; the management representative who reported the occupational illness, inpatient hospitalization, or amputation; or the physician or employee who reported the occupational disease.
    - c) Search the Internet for information about the establishment (for example, the establishment website; map, satellite, and street views at Google Maps).
  2. Consultation, Education and Training (CET) Staff. CET staff typically arrange their visits ahead of time on invitation from the employer or through coordination with a sponsor. CET staff will:
    - a) Collect the information in section XXI (B)(1)(a) from the employer representative or sponsor.
    - b) Obtain a copy of the employer's or site's preparedness and response plan.
    - c) Collect the information no more than one week before the field activity so the information is current.
- C. Site-Specific Exposure Control Plan. To minimize or eliminate their exposure to SARS-CoV-2 while in the field, MIOSHA staff will:
  1. Develop and implement a site-specific exposure control plan for each establishment they visit, to address the SARS-CoV-2 hazards in the site-specific exposure assessment.
  2. Develop an initial exposure control plan before departure for the establishment using the information available at the time.
  3. Incorporate the [CDC](#) and [OSHA](#) guidance for COVID-19 applicable to the industry and types of jobs at the establishment and for PPE.

4. Complete the exposure control plan section of the form in [Appendix A](#). The form will serve as the exposure control plan. Retain the form in the file for the on-site activity.
5. Update the plan as more information becomes available during the field activity. Examples:
  - a) In a COVID-19 investigation of a hospital, a compliance officer not using PPE discovers that the ventilation controls in the isolation rooms are deficient and do not put the rooms under negative pressure, thus allowing contaminated air to leak into the hallway where the compliance officer is standing, or the compliance officer may find corridors overcrowded with sick and coughing patients. As the initial assessment did not include these factors, the compliance officer would immediately remove himself or herself from the situation, and either conduct the examination of those areas remotely or increase their level of PPE.
  - b) During the non-COVID-19 investigation of a fatality at a construction site, a compliance officer unexpectedly encounters a sick and coughing worker during an employee interview in the close confines of an unventilated trailer. At that point, the compliance officer may want to immediately end the interview and exit the trailer. The interview can be finished remotely by phone with the employee some distance away and the compliance officer in their vehicle.
6. List the measures they will take to protect themselves from SARS-CoV-2 exposure and infection.
7. Cover the control measures of hazard isolation, administrative and work practice controls, and PPE.
8. Adhere to rules, recommendations, guidelines, orders, directives, and instructions in effect at the time from the government, public health officials, and the agency for its own staff. These will influence or determine the exposure control options to be used to MIOSHA staff.
9. Preparedness and Response Plan of the Establishment.
  - a) Upon arrival at the facility, obtain and review the preparedness and response plan of the employer as it would pertain to preventing infection of MIOSHA staff (for example, the section of the plan for visitors), if the plan was not obtained earlier.
  - b) If the employer's plan to control and prevent infection exceeds the requirements of MIOSHA staff's own plan, follow the plan of the employer.
  - c) If MIOSHA staff's plan exceeds the requirements of the employer's plan, use the MIOSHA plan.

- D. Inclusion of Agency Management. MIOSHA staff will communicate with their supervisor in the following ways:
1. Obtain approval for the site-specific exposure assessment and site-specific exposure control plan and any updates prior to departure each day.
  2. Immediately notify management if there is an increase in the assessed exposure risk.
  3. Immediately notify management if there is a conflict between MIOSHA staff's exposure control plan and the establishment's plan.

**Appendix A**

**SITE-SPECIFIC SARS-COV-2 EXPOSURE ASSESSMENT AND CONTROL PLAN**

Establishment Name:	MIOSHA Staff:	Date:
<b>EXPOSURE ASSESSMENT</b> (Assess the risk of SARS-CoV-2 exposure to MIOSHA staff)		
Exposure Risk (pick one): <input type="checkbox"/> Lower <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High (per OSHA Guidance)		
List locations and activities in establishment where MIOSHA staff could be exposed to SARS-CoV-2:		
List factors affecting exposure risk [see section (B)(1)(a)]:		
<b>EXPOSURE CONTROL PLAN</b> (List measures MIOSHA staff will use to protect themselves from exposure)		
<b>Hazard Isolation</b>		
<input type="checkbox"/> Conduct entire inspection remotely <input type="checkbox"/> Limit time at establishment <input type="checkbox"/> Take low exposure risk route into establishment <input type="checkbox"/> Establish staging area with low exposure risk <input type="checkbox"/> In very high exposure risk areas, omit walkaround <input type="checkbox"/> In high exposure risk sites, keep walkaround focused and brief <input type="checkbox"/> Plan walkaround by learning remotely about work operations and their locations		
<input type="checkbox"/> Do not enter very high exposure risk areas <input type="checkbox"/> Conduct interviews remotely from employees <input type="checkbox"/> Interview employees away from their workstations and exposure risk <input type="checkbox"/> Conduct program and record reviews remotely <input type="checkbox"/> Conduct closing conference by phone <input type="checkbox"/> Other:		
<b>Administrative &amp; Work Practice Controls</b>		
<input type="checkbox"/> Keep 6 feet from others <input type="checkbox"/> Avoid handshakes <input type="checkbox"/> Wash hands frequently <input type="checkbox"/> Use hand sanitizer <input type="checkbox"/> Always wash hands that are visibly soiled <input type="checkbox"/> Do not touch face with hands <input type="checkbox"/> Do not touch contaminated surfaces <input type="checkbox"/> During interviews have employees and employer reps wear masks or cloth face coverings		
<input type="checkbox"/> Have employees decontaminate before employee interviews, if appropriate <input type="checkbox"/> (For IHs) Have employees put on and remove air and noise monitoring equipment themselves <input type="checkbox"/> (For IHs) Wipe down air and noise monitoring equipment with antiseptic towelette after removal from employee <input type="checkbox"/> Immediately remove oneself from sick people <input type="checkbox"/> Other:		
<b>Personal Protective Equipment</b>		
<input type="checkbox"/> Respiratory protection Type: _____ <input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Other:		
<input type="checkbox"/> Face Protection Type: _____ <input type="checkbox"/> Eye Protection Type: _____ <input type="checkbox"/> Cloth face covering		



MIOSHA-SHMS-20-1R1

November 5, 2020

COVID-19 Preparedness and Response Plan for MIOSHA Staff

If PPE is to be used, list when and where it will be used: