

MIOSHA

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

AGENCY INSTRUCTION

DOCUMENT IDENTIFIER:

MIOSHA-COM-20-2R5

DATE:

October 25, 2022

SUBJECT: Coronavirus Disease 2019 (COVID-19) – Interim Enforcement Plan

- I. Purpose. This instruction establishes policies and procedures for investigating hazards related to coronavirus (SARS-CoV-2 virus) and coronavirus disease 2019 (COVID-19).
- II. Scope. This instruction applies to the General Industry Safety and Health Division (GISHD) and the Construction Safety and Health Division (CSHD).
- III. References.
 - A. Agency Instruction MIOSHA-COM-17-1, [Complaint Processing](#), as amended.
 - B. Agency Instruction MIOSHA-SHMS-20-1, [COVID-19 Preparedness and Response Plan for MIOSHA Staff](#), as amended.
 - C. General Industry and Construction Safety and Health Standard Part 451. R325.60051 et seq., [Respiratory Protection](#).
 - D. General Industry Safety and Health Standard Part 33. R408.13301 et seq., [Personal Protective Equipment](#).
 - E. General Industry Safety and Health Standard Part 474. R325.47401 et seq., [Sanitation](#).
 - F. General Industry and Construction Safety and Health Standard Part 505. R408.1 et seq., [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#).
 - G. [Michigan Occupational Safety and Health \(MIOSH\) Act](#), MCL 408.1001 et seq., P.A. 154 of 1974, as amended.
 - H. MIOSHA Fatality Procedures Manual.
 - I. [MIOSHA Field Operations Manual \(FOM\)](#), as amended.
 - J. MIOSHA Safety and Health Standard Part 11. R408.22101 et seq., [Recording and Reporting of Occupational Injuries and Illnesses](#).
 - K. OSHA, 29 CFR 1910, Subpart U, [COVID-19 Emergency Temporary Standard for Healthcare](#), 1910.502 and 1910.504.
 - L. OSHA Directive, DIR 2021-02 (CPL 02), [Inspection Procedures for the COVID-19 Emergency Temporary Standard](#), June 28, 2021.
 - M. OSHA Enforcement Memo, [Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 \(COVID-19\)](#), July 7, 2021.
- IV. Distribution. MIOSHA Staff; Federal OSHA; S-drive Accessible; MIOSHA Messenger; and Internet Accessible.
- V. Next Review Date. This instruction will be reviewed six months from date of issuance.

VI. History. History of previous versions includes:

MIOSHA-COM-20-2R4, March 29, 2022
MIOSHA-COM-20-2R3, August 4, 2021
MIOSHA-COM-20-2R2, March 30, 2021
MIOSHA-COM-20-2R1, November 4, 2020
MIOSHA-COM-20-2, June 17, 2020
MIOSHA-COM-20-1, April 15, 2020

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VIII. Originator. Barton G. Pickelman, Director

IX. Background. Since March 2020, employers in Michigan have reported 64 MIOSHA-covered deaths from COVID-19 and 316 in-patient hospitalizations for COVID-19 potentially linked to workplace exposure to SARS-CoV-2. MIOSHA's enforcement divisions have been inundated with requests for enforcement action against employers who are not protecting their employees. GISHD has received over 14,500 complaints from employees alleging uncontrolled COVID-19 hazards in the workplace and 625 referrals from state and local government, mainly local health departments, indicating that businesses were not taking all the necessary measures to protect their employees from SARS-CoV-2 infection. The number of complaints and referrals that the agency received from mid-March 2020 until mid-March 2021 was more than triple the number during the same period one year earlier, before the pandemic.

By mid-July 2021, the number of COVID-19 cases and deaths in the state had fallen considerably due to the vaccination of almost half the state's population and immunity conferred to people who had already been infected. In tandem, the number of COVID-19-related complaints and referrals received by the agency had also decreased, and the total number of complaints and referrals received each month had returned to pre-pandemic levels.

Nonetheless, the current death rate in the US attributed to COVID-19 (the seven-day-moving average of 303 deaths per day) still amounts to 111,000 deaths per year from the virus. By comparison, the CDC estimates 12,000–61,000 deaths each year in the US from seasonal influenza since 2010.

On June 22, 2021, MIOSHA revised its Emergency Rules for Coronavirus Disease 2019 (COVID-19) for the third time, replacing the unique state rules with the recently issued COVID-19 regulations from OSHA. The OSHA regulations apply to healthcare settings only. They are found in Subpart U of 29 CFR 1910, [COVID-19 Emergency Temporary Standard for Healthcare](#), at 29 CFR 1910.502–1910.509. Workers outside the scope of the standard continue to be covered under the general duty clause of the Michigan Occupational Safety and Health Act.

As the COVID-19 pandemic evolves, MIOSHA regularly revises its COVID-19 policies and procedures. This instruction collects and summarizes the policy and procedural changes since the last revision of this instruction. The current instruction streamlines enforcement activities and focuses on healthcare settings, mirroring the federal approach.

On October 19, 2021, MIOSHA created General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#) which adopted the federal rules by reference.

On December 27, 2021, OSHA announced that it was withdrawing the non-recordkeeping portions of the healthcare ETS. The COVID-19 log and reporting provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r), remain in effect. MIOSHA will suspend enforcement of General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#) except for the recordkeeping portions and the reporting provisions, Part 505, 1910.502(q) and 1910.502(r).

- X. Definition. Recordable illness means a case of COVID-19 that results in days away from work, restricted work activity, or death. A positive antibody test or positive antigen test alone does not constitute a recordable illness.
- XI. Scope of On-Site Inspections. The industrial hygienist (IH) will address COVID-19 on unprogrammed activities (i.e., fatalities, complaints, and referrals) regardless of industry if COVID-19 is an alleged hazard.
- XII. Field Staff Assignments. COVID-19 enforcement activities will typically be performed by IHs in GISHD.
- XIII. Processing of Unprogrammed Activities (UPAs) by Managers
 - A. COVID-19 Fatalities. Managers will process reports of COVID-19 fatalities in accordance with the MIOSHA Fatality Procedures Manual. The fatality will be initially labeled as Undetermined.
 - 1. COVID-19 fatalities called into MIOSHA directly or through the fatality hotline and determined by the employer to be work-related will be assigned for investigation. The employer's justification for the work-related determination will be documented on the fatality intake worksheet. Staff shall utilize the hazard isolation guidance described in the Agency Instruction for [COVID-19 Preparedness and Response Plan for MIOSHA Staff](#) when conducting COVID-19 fatality investigations.
 - 2. COVID-19 fatalities called into MIOSHA directly or through the fatality hotline and determined by the employer to be not work-related will not be assigned for investigation. The employer's justification for the non-work-related determination will be documented on the fatality intake worksheet by the manager or supervisor completing the form. The manager or supervisor will refer to the work-relatedness screening tool in [Appendix A](#) to confirm the employer's reasoning.
 - 3. If the employer representative is unsure if the COVID-19 death is work-related, the manager or supervisor taking the call will refer to the work-relatedness screening tool in [Appendix A](#) to make a determination. If the fatality is work-related, then a fatality investigation will be assigned. If the determination is the fatality is not work-related, then the manager or

supervisor will document the justification for the determination on the fatality intake worksheet.

B. COVID-19 Complaints and Referrals.

1. The manager will review and process the COVID-19 complaints and referrals in accordance with the [MIOSHA FOM](#), including who is eligible to file a complaint and the timeframe for filing.
2. In healthcare settings, complaints and referrals alleging violations of General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#), sections 1910.502(q) and 1910.502(r) can be assigned as on-site inspection, D letter, or no action depending on the circumstances and severity of the complaint or referral issues.
3. Outside of healthcare, complaints and referrals will usually be assigned as recommendation letter, no violation letter, or no action.
4. When a complaint or referral has mixed COVID-19 and non-COVID-19 issues, the COVID-19 issues can be split off and handled separately by a recommendation letter, when the non-COVID-19 issues are handled by on-site inspection or D letter.
5. When an employee complaint alleges an employee COVID-19 death among the alleged hazards, the manager or supervisor processing the complaint can assign the complaint for an on-site inspection or telephone complaint inspection.
6. If the complaint is handled with an on-site inspection, the CSHO will conduct the opening conference for the on-site inspection within ten (10) working days of MIOSHA's receipt of the complaint. The CSHO will investigate the employee's COVID-19 death as one of the complaint items. If the investigation determines that the employee's death is work-related, the CSHO will open a separate fatality investigation, and a FAT/CAT UPA will be generated. The fatality inspection and the complaint inspections will be linked together in OIS.
7. If the complaint is handled with a telephone inspection, the CSHO will follow the procedures outlined in the [FOM](#) and Agency Instruction MIOSHA-COM-17-1, [Complaint Processing](#). In addition, the CSHO will use the work-relatedness screening tool in [Appendix A](#) to decide on work-relatedness. If the fatality is work-related, then a fatality investigation will be assigned. If the determination indicates the fatality is not work-related, the telephone inspection letter to the establishment template found in [Appendix B](#) will be sent to the employer. The letter to the employer that acknowledges that the alleged hazard(s) have been adequately addressed and that the complaint is closed must be sent out within ten (10) working days of MIOSHA's receipt. The work-relatedness screening tool in [Appendix A](#), will be included with the complaint UPA.

XIV. COVID-19 Recommendation Letter – The clerk will:

- A. Use the template in [Appendix C](#) to complete the COVID-19 recommendation letter to the employer.
- B. Send the letter to the employer by US mail.
- C. Provide the complainant with a copy of the letter to the employer. Send the copy to the complainant using the method they used to file the complaint (email or US mail).
- D. Complete the above tasks within five workdays of the assignment or within 10 workdays of MIOSHA receipt of the complaint or referral, whichever date is earlier.

XV. COVID-19 D Letter (Off-Site Investigation) – by Letter.

- A. The IH will:
 1. Complete a Case File Diary Sheet.
 2. Review the MIOSHA regulations to identify those that are applicable to the circumstances described in the complaint or referral and the employee’s work operations.
 3. Complete and mail the D letter to the employer. Templates for the COVID-19 D letters can be found in [Appendix D](#).
 4. For Complaints.
 - a) If the complainant wants their name revealed, provide the employer with the name of the complainant in the D letter.
 - b) Send a copy of the D letter to the complainant using the method they used to file the complaint (email or US mail).
 5. Complete these tasks within eight (8) workdays of MIOSHA receipt of the complaint or referral.
- B. Satisfactory/Unsatisfactory Employer Responses.
 1. If the employer responds within the deadline, the IH will review the response to determine if it is satisfactory.
 2. If the response is satisfactory, the IH will close the complaint or referral.
 3. If the response is unsatisfactory, the IH will call the employer, ask additional questions, explain the deficiencies, and establish a timeline for correction, usually two or five more workdays.
 4. If the employer does not respond within the deadline (original or revised), the IH will contact the management representative.
 5. If the management representative is unavailable, the IH will go up the chain of command within the establishment until a management official is

reached. The IH will provide the employer with a revised response date to the D letter.

6. The IH will not simply leave voicemail messages and send emails to the employer; the IH will speak to an employer representative.
7. If the employer does not respond satisfactorily after multiple requests, the manager will decide whether to convert the COVID-19 D letter into a COVID-19 inspection.
8. Once the employer provides a satisfactory response, a closing letter will be sent to the employer and to the complainant (if there is a complainant) via the method by which they filed the complaint (email or US mail).
9. Closure of the complaint or referral will be dependent on the employer's compliance with General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) for Healthcare](#), applicable MIOSHA regulations, and relevant CDC guidance (outside of healthcare settings).

XVI. On-Site Inspections.

A. Citations.

1. Citations can be issued for violations of the General Industry and Construction and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#) Section 1910.502(q) Recordkeeping and Section 1910.502(r) Reporting and other applicable MIOSHA standards such as GI Part 33, [Personal Protective Equipment](#); GI Part 451, [Respiratory Protection](#); GI Part 474, [Sanitation](#); and ADM Part 11, [Recording and Reporting of Occupational Injuries and Illnesses](#). Citations can be issued for a violation of the general duty clause of the MIOSH Act when there is no applicable MIOSHA regulation for a serious recognized hazard.

Outside of healthcare settings, the general duty clause can be used to cite COVID-19 hazards in circumstances where both recordable illness and person-to-person transmission virus in the workplace can be documented. The issuance of the general duty clause citation will follow the [MIOSHA FOM](#). Additional guidance for citing the general duty clause as well as sample language for a citation can be found at OSHA Enforcement Memo, [Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 \(COVID-19\)](#). General duty citations will reference the applicable CDC guidance.

2. After December 27, 2021:
 - a) Citations for violations of the General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#) Section 1910.502(q) Recordkeeping and Section 1910. 502(r) Reporting will follow the guidance

provided in OSHA Directive, DIR 2021-02 (CPL 02), [Inspection Procedures for the COVID-19 Emergency Temporary Standard](#).

- b) Outside of healthcare settings (i.e., outside the scope of General Industry and Construction Safety and Health Standard Part 505. [Coronavirus Disease 2019 \(COVID-19\) For Healthcare](#), Section 1910.502(q) Recordkeeping and Section 1910.502(r) Reporting. COVID-19 hazards will typically be addressed with recommendations.
- c) Outside of healthcare settings, the general duty clause can be used to cite COVID-19 hazards in circumstances where both recordable illness and person-to-person transmission of the virus in the workplace can be documented.

XVII. Processing of Assignments by Clerical Staff in OIS.

- A. No Action. If the complaint or referral is designated for no enforcement action, support staff will not give the assignment a UPA number or inspection number in OIS.
- B. COVID-19 Recommendation Letters. Support staff will:
 - 1. Give the complaint or referral a UPA number in OIS but not an inspection number.
 - 2. Close the complaint or referral in OIS upon mailing of the recommendation letter.
- C. COVID-19 D Letters. Support staff will:
 - 1. Give the complaint or referral a UPA number in OIS but not an inspection number.
 - 2. Close the complaint in OIS when the employer has provided a satisfactory response to the D letter, or if the D letter has been converted to an on-site inspection, when the inspection findings are sent to the complainant.
- D. Inspections.
 - 1. If the manager designates a complaint or referral for a COVID-19 inspection, support staff will give the complaint or referral a UPA number and inspection number in OIS.
 - 2. For unprogrammed activities, support staff will associate the inspection number with the UPA number for the fatality, referral, or complaint upon which the inspection is based.
 - 3. Inspections Based on D Letters. If the inspection is based on an unsatisfactory employer response to a D letter, support staff will use the UPA number of the D letter to generate the inspection in OIS.

XVIII. Coding in OIS.

- A. Inspections for COVID-19 shall be coded as health. On the Inspection tab, under Inspection Data, Inspection Category, select Health.
- B. COVID-19 Code. Use OIS code **N 16 COVID-19** to track all enforcement activities related to COVID-19. This includes UPAs such as fatalities, referrals, and complaints. The UPAs are coded for COVID-19 whether they are handled by recommendation letter, D letter, telephone inspection, or on-site inspection, or deemed invalid (for example, not a current employee, no jurisdiction, prisoner). The code will also be applied to inspections, whether they are on-site or by telephone.
- C. COVID-19 Code – Clerical Staff. To input the code on a UPA, the clerical staff will go to the Program Info box, scroll down to the Additional Codes section and click on “Add from Reference,” and select **N 16 COVID-19 Response activities related to COVID-19 Coronavirus**, as shown below.

Additional Codes

Type	ID	Value	Description
N	16	COVID-19	Response activities related to the COVID-19 Coronavirus

Sort By: Type

Buttons: Add New Code, Add from Reference, Add from State Reference

- D. COVID-19 Code – IH. To input the code on an inspection, the IH will go to the Inspection tab, open the Inspection Data box, scroll down to the Additional Codes section and click on “Add from Reference,” and select **N 16 COVID-19 Response activities related to COVID-19 Coronavirus**, as shown below.

Additional Codes

Type	ID	Value	Description
N	16	COVID-19	Response activities related to the COVID-19 Coronavirus

Sort By: Type

Buttons: Add New Code, Add from Reference, Add from State Reference

- E. COVID-19 Remote Code – IH. To input the code on an inspection, the IH will go to the Inspection tab, open the Inspection Data box, scroll down to the Additional Codes section and click on “Add from Reference,” and select **N 10 COVID-19 REMOTE**. The Remote code must be entered for COVID-19 inspections that are conducted entirely remotely, such as COVID-19 telephone inspections. The code is not used for D letters or recommendation letters.

Appendix A

COVID-19 Work-Relatedness Screening Tool

Company Name:	
Address:	
UPA# (if available):	
Name of Caller (if received via phone) or Name of Employer Representative (if conducting telephone complaint inspection):	
Relationship to the Deceased:	
Name of person completing screening:	

EMPLOYEE INFORMATION

Question	Response
Name of Employee <i>*If employer is not aware of any employee deaths due to COVID-19 document in response and include information in Telephone Complaint Letter.</i>	
Age/Date of Birth	
Job Title	
Department/Shift Worked	

What personal protective equipment was worn by the employee (including face coverings)?	
Date of exposure (if known)	
Date symptoms first reported <ul style="list-style-type: none"> • To Whom • By Whom • What reported • Documented (email/doctors note) 	
Date symptoms started (if known and reported)	
What evidence do you have that the worker was positive for COVID-19 (i.e., lab test)?	
Date of hospitalization (if applicable)	
Date of death	
Do you have a confirmed cause of death from a doctor, hospital, or medical examiner? (Y/N)	
Do you have the coroner’s report/death certificate? (Y/N) REQUEST COPY OF THIS DOCUMENT IF YES	

Section 1: COVID-19 GENERAL QUESTIONS

Question	Response
1. Does the caller/employer believe the death to be work-related (Y/N)	
2. What supporting evidence was used to make that determination:	

	Conclusion: Not-work related and supporting evidence is sound	No additional questions need to be asked. Add to UPA file or Intake Worksheet.
	Conclusion: Work-related and supporting evidence is sound	The fatality investigation will be assigned for inspection. Add to UPA file or Intake Worksheet.
	Conclusion: Undetermined or supporting evidence is not sound	Continue to Section 2: COVID-19 WORKPLACE INFORMATION.

Section 2: COVID-19 WORKPLACE INFORMATION

Question	Response
3. What type of business is the facility?	Healthcare – Continue to Question 4
	Not Healthcare – Go to Question 7
4. Does the establishment see, treat, or admit known or suspected COVID-19 patients	Yes – Continue to Question 5
	No – Go to Question 7 and continue screening
5. Did the deceased interact/treat known or suspected COVID-19 patients?	Yes – Continue to Question 6
	No – Go to Question 7
6. Was the COVID-19 illness contracted shortly after an exposure to a particular patient?	Yes –ASSUME WORK-RELATEDNESS AND PROCEED TO OPEN FATALITY INVESTIGATION.
	No – Continue to Question 7
7. Have there been confirmed positive cases at the facility 2-3 weeks prior to the deceased <i>TESTING POSITIVE?</i> (Y/N)	No, the deceased was the only confirmed case. <i>No additional questions need to be asked. Add to UPA file or Intake Worksheet.</i>
	Yes, there were other positive cases within 1 month of the deceased testing positive. <i>Continue to Question 8</i>
8. What are the work duties of the employee (any heightened exposure)?	
9. Did the employee work in close proximity to (within six feet) of another employee with COVID-19 diagnosis for a prolonged period of time or otherwise identified as a close	Yes – Answer Questions 10-12. ASSUME WORK-RELATEDNESS AND PROCEED TO OPEN FATALITY INVESTIGATION. DO NOT PROCEED WITH SCREENING TOOL.

<p>contact for another positive case in the workplace? (Y/N)</p>		<p>No – Go to Question 13 and continue screening</p>
<p>10. Date(s) of close contact? 11. Duration of work with positive employee(s)? 12. Source of information (time records, badge swipe, witness interviews, contact tracing)</p>	<p>10 -</p>	
	<p>11 -</p>	
	<p>12 -</p>	
<p>13. Last Shift worked</p> <ul style="list-style-type: none"> • Date • Hours worked (note if employee left early) • Length/Location/Co-workers they took breaks with 		
<p>14. Shifts and department(s) worked by the deceased in the last two weeks (dates/hours worked)</p>		
<p>15. Shifts and departments worked by others that are confirmed positive for COVID-19 during the 2-3 weeks preceding the deceased’s positive test.</p>		
<p>16. Number of employees that were awaiting test results due to potential exposure during the 2-3 weeks preceding the deceased’s <i>positive test result</i>.</p> <p>17. Shifts worked by each employee awaiting test results (dates/hours worked)</p>	<p>16 -</p>	
	<p>17 -</p>	
<p>Conclusion for Exposure in the Workplace from Co-Workers:</p>		<p>Yes - Deceased worked in the same department or on same shift as a positive employee <14 days from their positive test. Potential work-relatedness. Proceed to Section 3 to verify non-work exposure.</p> <p>If no alternative exposure, DISCUSS WITH MANAGER REGARDING OPENING FATALITY INVESTIGATION.</p>

		<p>No - Deceased did not work in the same department or on same shift as a positive employee <14 days from their positive test.</p> <p>Continue to Question 18</p>
18. Did the employee regularly interact with the public (non-healthcare setting)?		No – Go to Question 23
		Yes – Continue to Question 19
19. What was the frequency and duration of these tasks?	19 -	
20. Was there a barrier or PPE in place to restrict exposure?	20 -	
21. Are there any known cases of confirmed positive visitors while the employee worked? When?		Yes – Continue to Question 22
		No – Go to Question 23 and continue screening
22. Was the employee in close contact (within six feet) of this member of the public?		Yes –ASSUME WORK-RELATEDNESS AND PROCEED TO OPEN FATALITY INVESTIGATION. DO NOT PROCEED WITH SCREENING TOOL.
		No – Go to Question 23 and continue screening
23. If prior confirmed cases at the facility, did the facility close for a period of time after learning of confirmed case? When?		
24. If prior confirmed cases at the facility, was commercial cleaning or enhanced cleaning of the facility completed? When?		

Section 3: ALTERNATIVE SOURCES OF EXPOSURE (NOT RELATED TO THE WORKPLACE)

Question	Response
25. Did the employee have close contact with anyone in their household who either tested positive for the virus or showed symptoms of the virus in the 14 days preceding the deceased’s positive test result?	

<p>26. Did the employee have close contact with any family, friends or associates outside of work that tested positive in the 14 days preceding the deceased’s positive test result?</p>	
<p>27. Does employee live with or report having close contact with someone working in: a. Healthcare b. Emergency response (e.g., emergency medical, firefighting, or law enforcement) c. Correctional institution</p>	
<p>28. How does employee typically get to work – take public transit, Uber/lyft, taxi, carpool, or alone in own personal vehicle?</p>	
<p>29. Has the employee attended any gatherings of friends or family that do not live in the employee’s household (i.e., parties, birthdays, weddings, funerals, church services, or any informal get together) in the past 14 days before the employee began to feel symptoms?</p>	
<p>30. Has the employee visited any restaurants, clubs, bars, etc. in the past 14 days before the employee began to feel symptoms?</p>	
<p>31. Has the employee traveled (via bus, train, airplane) in the past 14 days before the employee began to feel symptoms?</p>	
<p>32. Does the employee have children in the household who are attending in-person daycare, camps, or school?</p>	
<p>33. Has the employee visited a retail store (grocery, hardware store, mall, etc.) within the past 14 days before the employee began to feel symptoms?</p>	
<p>34. Has the employee visited a gym, spa, tattoo parlor, beauty salon or barbershop within the past 14 days before the employee began to feel symptoms?</p>	

<p><i>MIOSHA staff to conduct research and provide response</i></p>	
<p>Is the facility located in a hotspot? Coronavirus - Coronavirus (michigan.gov)</p>	

Michigan COVID-19 Map: Tracking the Trends (mayoclinic.org)	
What is population of city/county/zip code? Coronavirus - Coronavirus (michigan.gov)	
How many confirmed cases in city/county/zip code? Coronavirus - Coronavirus (michigan.gov)	
Is % of confirmed cases in the facility less than % in city/county/zip code?	

Appendix B

**COVID-19 D LETTER – TELEPHONE INSPECTION LETTER TO ESTABLISHMENT –
FOR COVID-19 FATALITIES**

«Date»

«Mr_Ms» «First_Name» «Last_Name»
«Establishment_Name»
«Address»
«City_State» «ZIP_Code»

Dear «Mr_Ms» «Last_Name»:

RE: COMPLAINT # «Complaint_Nbr»

On {Date}, the Michigan Occupational Safety and Health Administration (MIOSHA), General Industry Safety and Health Division received a complaint regarding COVID-19 hazards, including but not limited to, an allegation of a COVID-19 fatality at your worksite located at:

{Site Address}
{Site Address}

The specific nature of the alleged hazards is as follows:

1. {Enter complaint issues here}

During our telephone conversation on {date}, you indicated the following:

1. {Enter corrective action here}

Based on our discussion, it does not appear that the COVID-19 fatality alleged in the complaint is work-related. An investigation to determine compliance with MIOSHA is not necessary at this time. However, you are requested to post a copy of this letter and your response to it where they will be readily accessible for review by all of your employees for ten business days. A copy of this determination is being sent to the person making the report.

In addition to its function of inspecting workplaces, MIOSHA offers a wide range of safety and health related services in response to the needs of the working public, both employers and employees. These services include training and education, consultation, voluntary compliance programs, and assistance in correcting hazards.

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The MIOSHA Consultation Education and Training (CET) Division offers programs and services without charge to assist you in resolving occupational safety and health issues. Consultations may be available through telephone, email, or in some cases through an on-site visit. The CET Division has free publications, a free video-loan library, and sample written programs, which are available on the MIOSHA web page located at www.michigan.gov/cet. To discuss or request CET services, call (517) 284-7720.

Section 65 of Act 154, the Michigan Occupational Safety and Health Act, states that an employer shall not discriminate against an employee for exercising his or her rights under Act 154. If an employee believes that he or she was discharged or otherwise discriminated against as a result of filing a complaint, the employee may file a complaint with the MIOSHA Employee Discrimination Section. The complainant has been informed of their discrimination rights under Act 154.

If you have any questions concerning this matter, please contact me at {phone}. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

{Signature}

{Name}

{Title}

{Signers initials in capital letters}:{person preparing letter initials – lower case}

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Appendix C

TEMPLATE FOR COVID-19 RECOMMENDATION LETTERS

COVID-19 RECOMMENDATION LETTER – LETTER TO ESTABLISHMENT – FOR COMPLAINTS – OUTSIDE OF HEALTHCARE SETTINGS

{Date}

Complaint #: {UPA Number}

{Name of Establishment}

{Address}

{Address}

Dear Owner or Manager:

The Michigan Occupational Safety and Health Administration (MIOSHA) has received a complaint alleging **coronavirus** hazards at your establishment located at:

{Address}

{Address}

The alleged hazards included in the complaint suggest that the establishment is not complying with some, or all of the *Workplace Prevention Strategies* described by the Centers for Disease Control and Prevention (CDC) or *Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace* as described by the Occupational Safety and Health Administration (OSHA). These may include issues such as mask use/enforcement, social distancing measures, cleaning practices, notification and/or contact tracing for reported COVID-19 positive cases or requiring employees to work despite displaying COVID-19 symptoms.

Under the Michigan Occupational Safety and Health Act, an employer must provide employees with a place of employment free from recognized hazards that can cause death or serious physical harm to the employee. This would include coronavirus. We urge you to perform an internal audit, determine the validity of the allegations, and take appropriate measures to protect your employees from infection with SARS-CoV-2, especially those who have not been vaccinated. Resources that can guide your efforts are listed below.

- OSHA – Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace – <https://www.osha.gov/coronavirus/safework>
- CDC guidance documents for COVID-19 – www.cdc.gov/coronavirus

Please be aware that it is unlawful to discriminate against an employee for filing a complaint with MIOSHA. If an employee believes that he or she was discharged or otherwise discriminated against because of filing a complaint, the employee may file a complaint with our agency, and

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we can investigate those allegations. We have informed the complainant of their rights to non-discrimination.

At present, MIOSHA is not planning to conduct an on-site investigation of your establishment. No written response to this letter is required.

If you need assistance in implementing an effective program to prevent COVID-19 among your employees, staff at MIOSHA's Consultation, Education and Training (CET) Division are ready and willing to provide you help. Their phone number is 517-284-7720. CET is the non-enforcement arm of MIOSHA. CET can provide confidential assistance over the phone, or you can schedule a consultation or hazard survey at your facility. These services are free to employers.

Sincerely,

{Name}

{Title}

{Signers initials in capital letters}:{person preparing letter initials – lower case}

MIOSHA-COM-20-2R5

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Coronavirus Disease 2019 (COVID-19) – Interim Enforcement Plan

Appendix D

TEMPLATES FOR COVID-19 D LETTERS

COVID-19 D LETTER – INITIAL LETTER TO ESTABLISHMENT – FOR COMPLAINTS

{Date}

Complaint #: {UPA Number}

{Name}

{Address}

{Address}

>}

Dear {Name}:

The Michigan Occupational Safety and Health Administration (MIOSHA), {General Industry Safety and Health Division or Construction Safety and Health Division}, has received a complaint alleging safety and/or health hazards at your worksite located at:

{Address}

{Address}

The hazards relate to **coronavirus**. A list of the alleged hazard(s) is as follows:

1.

Based on this complaint, we are conducting an off-site complaint investigation with this letter. As part of this letter investigation, you are requested to perform a self-audit of the alleged hazardous conditions and take appropriate steps to protect employee health. All employers are required to provide a safe and healthy workplace as mandated in the Michigan Occupational Safety and Health Act 154 of 1974 as amended, this includes protecting employees from exposure to coronavirus. Employers in the healthcare setting must also comply with General Industry and Construction Safety and Health Standard Part 505. Coronavirus Disease 2019 (COVID-19 For Healthcare, Section 1910.502(q) Recordkeeping and Section 1910.402(r) Reporting, which is an adoption of the OSHA COVID-19 Emergency Temporary Standard for Healthcare.

Within 30 calendar days, please provide me in writing the results of your self-audit and attach any supporting documentation of your findings. There is no penalty for finding deficiencies in a self-audit; you must however correct those deficiencies to ensure employee health and compliance with our regulations. In your response, include a description of any corrective action you have taken or are in the process of taking. Examples of supporting documents are your written COVID-19 plans, photographs of implemented control measures, equipment receipts, and records of screening, training, and positive cases, and employee notification of COVID-19 cases.

In your response to this letter, we will need to see in particular:

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If you provide the requested information, we will probably not need to conduct an on-site investigation. Your responses may be shared and discussed with employees for verification. If we do not receive a response from you within 30 calendar days indicating that appropriate action has been taken or that no uncontrolled hazard exists and why, an on-site inspection may be conducted.

Please note: MIOSHA selects, for on-site inspection, a random sample of the off-site complaint investigations where we have received responses in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have taken the action asserted in their responses.

You are requested to post a copy of this letter and your response to it where they will be readily accessible for review by all your employees until MIOSHA deems the case closed.

{[Only add this text if complainant wants their name revealed.] During our phone call regarding this matter on {date}, I informed you that the name of the complainant is _____.

You were told that it is illegal to fire or otherwise discriminate against an employee for filing a complaint with MIOSHA or for raising safety and health issues with their employer.} Section 65 of Act 154, the Michigan Occupational Safety and Health Act, states that an employer shall not discriminate against an employee for exercising his or her rights under Act 154. If an employee believes that he or she was discharged or otherwise discriminated against as a result of filing a complaint, the employee may file a complaint with the MIOSHA Employee Discrimination Section. The complainant will be informed of their discrimination rights under Act 154. Employers with effective safety and health programs recognize that employees who raise occupational health concerns are valuable because they can alert them to potential deficiencies in their programs and lead to improvements in the health of staff.

Hyperlinks to COVID-19 resources can be found below.

- General Industry and Construction Safety and Health Standard [Part 505. Coronavirus Disease 2019 \(COVID-19 For Healthcare\)](#)
- CDC guidance documents for COVID-19 – www.cdc.gov/coronavirus
- OSHA guidance documents for COVID-19 – www.osha.gov/coronavirus
- State of Michigan COVID-19 Workplace Safety Guidance website – www.michigan.gov/COVIDWorkplaceSafety

If you have any questions concerning this matter, please contact me at (insert telephone number). Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

MIOSHA-COM-20-2R5

October 25, 2022

Coronavirus Disease 2019 (COVID-19) – Interim Enforcement Plan

{Name}

{Title}

{Signers initials in capital letters}: {person preparing letter initials – lower case}

COVID-19 D LETTER – INITIAL LETTER TO ESTABLISHMENT – FOR EMPLOYER-REPORTED REFERRALS

{Date}

UPA #: {UPA Number}

{Name}

{Address}

{Address}

Dear {Name}:

On {Date}, your company reported an occupational injury or illness to the Michigan Occupational Safety and Health Administration (MIOSHA) pertaining to your worksite located at:

{Address}

{Address}

A description of the reported injury is as follows:

1.

Based on this report, we are conducting an off-site complaint investigation with this letter. As part of this letter investigation, you are requested to perform a self-audit of the alleged hazardous conditions and take appropriate steps to protect employee health. All employers are required to provide a safe and healthy workplace as mandated in the Michigan Occupational Safety and Health Act 154 of 1974 as amended, this includes protecting employees from exposure to coronavirus. Employers in the healthcare setting must also comply with General Industry and Construction Safety and Health Standard Part 505. Coronavirus Disease 2019 (COVID-19 For Healthcare, Section 1910.502(q) Recordkeeping and Section 1910.402(r) Reporting, which is an adoption of the OSHA COVID-19 Emergency Temporary Standard for Healthcare.

Within 30 calendar days, please provide me in writing the results of your self-audit and attach any supporting documentation of your findings. There is no penalty for finding deficiencies in a self-audit; you must however correct those deficiencies to ensure employee health and compliance with our regulations. In your response, include a description of any corrective action you have taken or are in the process of taking. Examples of supporting documents are written COVID-19 plans, photographs of implemented control measures, equipment receipts, and records of screening, training, and positive cases, and employee notification of COVID-19 cases.

In your response to this letter, we will need to see in particular:

MIOSHA-COM-20-2R5

October 25, 2022

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If you provide the requested information, we will probably not need to conduct an on-site investigation. If we do not receive a response from you within 30 calendar days indicating that appropriate action has been taken or that no uncontrolled hazard exists and why, an on-site inspection may be conducted.

Please note: MIOSHA selects for on-site inspection a random sample of the off-site investigations where we have received responses in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have taken the action asserted in their responses.

You are requested to post a copy of this letter and your response to it where they will be readily accessible for review by all your employees until MIOSHA deems the case closed.

Hyperlinks to COVID-19 resources can be found below.

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- OSHA guidance documents for COVID-19 – www.osha.gov/coronavirus
- State of Michigan COVID-19 Workplace Safety Guidance website – www.michigan.gov/COVIDWorkplaceSafety

If you have any questions concerning this matter, please contact me at (insert telephone number). Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

Signature

{Name}

{Title}

{Signers initials in capital letters}: {person preparing letter initials – lower case}