COVID-19 Preparedness and Response Plan for On-campus Employees during the COVID-19 Pandemic

Updated February 23, 2021

Plan has been amended to include MDHHS Emergency Order: Gatherings and Face Mask order as applicable to the workplace. This is set to expire on March 29, 2021. Text is in green to highlight short-term nature.
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Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. This document will summarize the University of Michigan preparedness and response actions for COVID-19 based on traditional infection prevention and industrial hygiene practices. It focuses on the implementation of engineering, administrative, and work practice controls and personal protective equipment (PPE), in the effort to control employee exposures to the extent feasible.

This plan is intended to provide information on the risk levels in workplace settings and the appropriate control measures that should be implemented based on the risk present. This document will be adjusted as needed as COVID-19 outbreak conditions change, including new information about the virus, its transmission, and impacts, becomes available.

This document serves as the UM workplace expectations and guidelines for staff that are on-campus in regard to management of COVID-19 risk mitigation. All policies, protocols, and requirements are expected to be followed and failure to do so may result in corrective action. Many of the required elements within this document are derived from the MIOSHA Emergency COVID-19 Rules issued on October 14, 2020. Employers must provide a place of employment that is free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to an employee.

Guidance for academic areas is referenced in this document and those requirements are specific to those areas.


The MIOSHA home page also offers COVID-19 information specifically for workers and employers in Michigan: https://www.michigan.gov/leo/0,5863,7-336-78421_11407--,00.html.

Additionally, the State of Michigan’s Coronavirus webpage is updated daily and provides current public health and safety resources for employers, employees, and the general public https://www.michigan.gov/coronavirus/

The University communicates frequently to our employees and students, providing health and safety guidance and direction while encouraging them to stay informed by checking the following university websites and resource pages:

U-M Maize and Blue Print website: https://campusblueprint.umich.edu/guiding-principles

UM EHS COVID-19: https://ehs.umich.edu/2020/03/24/ehs-covid-19-information/

Note: These practices are intended to apply to on-campus employees only. The practices outlined in this document do not apply to employees who are working remotely although it would be prudent to follow the general guidance to minimize risk of exposure.
About COVID-19

Symptoms of COVID-19

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people.

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious.

Workplace Requirements

Until further notice, the University expects that any faculty or staff who can work from home will continue to do so.

Currently the university is expected to comply with the MIOSHA Emergency COVID-19 rules as they pertain to return to work under a controlled set of requirements. As an institution, the current policy is that in person work is prohibited if it can continue to be conducted remotely. If a person is needed to be on-site to be available for students, staff or visitors as part of their work activity, even though specific tasks may be conducted remotely, that is a consideration for allowing in-person work.

Each department, school or college needs to obtain permission to resume to in-person work through the process developed by their reporting Executive Officer. A COVID-19 Work plan needs to be developed and maintained accordingly. As the pandemic continues, the status for in-person work may change due to university needs as well as legislative or local rules. Plans should address the need to change as the pandemic changes and must be updated as changes are made.

Department-specific COVID-19 Work Plan

The University has employed a phased approach for return to campus based on established need to resume activities on campus, ability to effectively manage with strict adherence to established protocols, etc. No unit should return to campus without prior approval.

Each department will be expected to create a departmental specific COVID-19 work plan for their area to document their COVID-19 assessment and plan. Each unit should obtain approval from their Executive Officer per their process, prior to returning to work. Templates are available on the EHS COVID-19 page (General workplace, Outpatient) Research and Academic Areas have separate processes which should be followed.

Remote Work

Current university policy is that in-person work continues to be prohibited if the work activities can feasibly be conducted remotely. Continuing all work that can be done remotely will reduce the total number of individuals coming to campus which lowers the risk of infection overall. This will also allow for density reductions within the workplace to allow for proper social distancing of the on-site personnel.

Consideration for employees’ needs for computers and other items, ensuring access to departmental shared drives and programs, and ensuring that workers new workspace will not contribute to ergonomic discomfort must be in place.

Refer to ITS Remote resource guide to aid students, staff and faculty to work or learn remotely. Refer to an EHS document regarding considerations for Ergonomics of working from home.

U-M Exposure Determination

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the type of work conducted, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2,
MIOSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk and employers are required to make a determination of exposure for their staff. The following is the UM Exposure Determination:

<table>
<thead>
<tr>
<th>Exposure Risk:</th>
<th>Description:</th>
<th>U-M Specific:</th>
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| **Very High Exposure Risk:** | These jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. | • Health care workers performing invasive specimen collection  
• Dentists performing some aerosol-generating procedures and exams  
• Autopsy/Medical Examiners  
• COVID-19 researchers working with live SARS-CoV-2 |
| **High Exposure Risk:** | High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. | • Healthcare delivery and support staff exposed to known or suspected COVID-19 patients.  
• DPSS transport workers moving known or suspected COVID-19 patients in enclosed vehicles.  
• Police Officers  
• Staff members responsible for cleaning area where COVID positive individuals were occupying |
| **Medium Exposure Risk:** | These jobs include those that require frequent and/or close contact (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). | • Cashiers  
• Receptionists  
• Customer Service  
• Transit Operators  
• Maintenance & Trades personnel that perform essential work tasks that require close contact.  
• Trainer staff that need to interact directly with athletes.  
• Day care staff that must have contact with children (e.g. Infants/toddlers)  
• Faculty/Instructors of lab/studio courses where interaction is needed.  
• Researchers conducting human subjects research where they are unable to maintain >6ft distance.  
• Clinicians (Psychologists, Social Workers and Speech Language Pathologists) unable to maintain >6 |
Measures must be put into place to minimize worker exposures to SARS-CoV-2 based on an employee exposure determination. See the table below and refer to Appendix A for further information. Details of additional requirements based on exposure determination should be included in your departmental COVID-19 work plan. Non-routine tasks can be handled separately through a risk assessment process as well.

<table>
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<tr>
<th>Exposure Determination</th>
<th>Workplace Controls</th>
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| **Lower Exposure Risk** | • Implement all Workplace Requirements  
• Implement all Health & Safety Guidance  
• Require Use of Face Coverings when in indoor public spaces |
| **Medium Exposure Risk** | • Above items, plus:  
• Install physical barriers, such as clear plastic sneeze guards, where feasible  
• If public interaction is necessary, require face coverings to be worn.  
• Consider strategies to minimize face-to-face contact (e.g., phone-based communication, telework).  
• Conduct a Risk Assessment to determine need for additional PPE or other controls. Contact EHS for assistance. |
| **High or Very Exposure Risk** | • Above items, plus:  
• Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. CDC recommends that patients with known or suspected COVID-19 should be placed in an airborne infection isolation room.  
• For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death..  
• Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients.  
• Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.  
• Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks. |
COVID-19 Daily Self-Screening Protocols

All employees should be reminded that they are required to stay home if they are feeling sick or if at work, they should leave immediately if they begin to feel unwell. If they need to remain at work for a period, an area with closable doors should be dedicated to isolate the ill individual from other co-workers. Sick leave policies have been updated to ensure they are flexible and consistent with public health guidelines and posted on the University Human Resources COVID-19 website. The university is prohibited from discharging, disciplining or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19.

Each day, all employees or contractors of our campus community who will enter campus buildings will be required to check themselves for COVID-19 symptoms by answering a brief set of questions. The ResponsiBLUE, our daily symptom checker tool, should be used to meet this required surveillance and it can also be completed on a desktop computer. For more information on ResponsiBLUE, click here. Other means of obtaining this information such as through us of time clocks, paper methods, etc. are also allowable if the questions are consistent and records are able to be maintained. Alternatively, this form can be used.

Requiring the use of the ResponsiBlue app for those coming onto campus and maintaining records of this data satisfies the requirements of the MIOSHA Emergency Rules which requires recordkeeping for one year. Centrally the aggregate reports will be viewed to gauge usage, thus units do not need individual data to verify compliance. Units can do periodic spot checks in the workspace if desired.

University of Michigan Occupational Health Services (OHS) has established a COVID-19 hotline at 734-764-8021 (select prompt 1) to manage and triage employees for testing and tracking as required. The hours (subject to change) are M-F 7:00 AM to 5:00 PM, Sat 7:00 AM to noon. After regular hours, employees are instructed to leave a message for a return call within 24 hours.

All university employees are encouraged to report symptoms through this mechanism and all employees are required to report if they have been tested positive for COVID-19 if they seek testing through another source. Students, faculty and staff on the Ann Arbor campus, including Michigan Medicine, who have tested positive for COVID-19 within the past 90 days outside of U-M – that is, outside University Health Service (UHS), Occupational Health Services (OHS), or the Community Sampling and Tracking Program (CSTP) – are asked to report their positive test result here.

COVID-19 Positive Cases, Contact Tracing and Employee Notification

Employees working on campus should utilize OHS for testing when symptomatic or notified of a workplace close contact exposure. Employees that test positive for COVID-19 will be notified by OHS and provided guidance for self-isolation. Contact tracing and Employee Notification will be coordinated between OHS, University Health Service (UHS) and EHS. When an employee is identified with a confirmed case of COVID-19, the local health

| Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks. |
| Ensure that psychological and behavioral support is available. |
| Conduct a Risk Assessment to determine need for additional PPE or other controls. Contact EHS for assistance. |
Contact Tracing is a public health tool that has been used for decades to identify people who have come in contact with an SARS-CoV-2 positive individual in an attempt to reduce the spread of a disease. It will be used at the University of Michigan to:

● Alert coworkers who may have been in close contact of the potential exposure;
● Identify localized outbreaks and ultimately control the spread of illness across campus.

Medical confidentiality and privacy will be maintained. Contacts will only be told they have been exposed to a positive case, but the identity of that case will NOT be directly revealed. Sensitivity to individual situations will be maintained.

Employees with a confirmed or suspected case of COVID-19 can return to the workplace only after they are no longer infectious according to the latest guidelines from the Centers for Disease Control and Prevention (“CDC”). The local health department and OHS will provide guidance about return to work.

Refer to the COVID-19 Exposure, Testing and Mandatory Contact Tracing Guidance for Non-Lab Employees and Supervisors for more information on the process.

Vendors, Contractors and Visitors

Screening protocols that are required for areas must also include contractors. They must use the guest version of ResponsiBLUE (guest.responsiblue.umich.edu) whenever they come to campus and be prepared to show verification if requested. Alternatively, this form can be used and maintained by the department for up to one year.

Contractors working on U-M construction projects will have their own screening protocols which are verified internally through EHS. Contractors or vendors coming into units to conduct work on equipment under the direction of a department or unit should be screened. U-M Facilities and Operations personnel are required to conduct daily screenings as well.

Short-term visitors such as delivery personnel, suppliers, etc. are not required to perform screening.

Vendors, suppliers, contractors, etc. must follow their company COVID-19 Preparedness and Response plan and must wear face coverings when in U-M buildings. Some locations do not allow a personal face covering and in those areas, all that enter will be provided a face covering for use during visit.

Any outside entity must notify their university contact if they or a member of their team has a confirmed COVID-19 cases that occurs within 14 days of their last day on campus. If a confirmed case occurs in a building or a worksite, EHS will conduct contact tracing and notify medium and high risk exposure individuals, including contractors within 24 hours of notification.

Staffing Management

Reducing the density of employees within the workplace is integral to minimize potential exposure to SARS-CoV-2 in the workplace. A general guide is no more than 50% of your normal workplace capacity at any one time and approximately 144 square feet of space should be allotted per individual. This can be achieved by rotating days or
weeks that employees are on-site. Ideally, maintaining separate cohorts of individuals in the workplace is recommended, if feasible, to reduce exposure potential. This need varies greatly depending on the type of work and locations that an employee works in.

Reducing overall density should allow workers to maintain adequate social distancing of > 6 feet. Work plans should evaluate the ability of each worker to maintain social distancing. This may include the need to stagger individuals based on the locations that sit in. Partitions are not recommended as a strategy for not following social distancing requirements and should generally be used for interactions with the public to minimize exposures. Any employees that are within 6 feet of a positive individual for more than 15 minutes will be required to quarantine regardless of barriers, etc. so appropriate planning will eliminate future staffing issues and inability to provide services in the event that someone tests positive. Considerations for the staggering of shifts to accommodate reducing the amount of people entering and exiting at the same time should also be part of a work plan.

**Training**

All employees on-site are required to take SARS-CoV2 and COVID-19 Training that at a minimum covers the following:

- Workplace infection-control practices
- The proper use of personal protective equipment
- Steps the employee must take to notify the university of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19
- How to report unsafe working conditions.

Below are three training modules available in My LINC:

- **EHS_OHS_COVIDw COVID-19: Working Safely at U-M**
- **EHS_BLS_COVIDw COVID-19: Working Safely in U-M Research Labs**
- **EHS_BLS_COVIDHRw Human Research During COVID-19**

To view COVID-19 training completions for your area using our interactive dashboard, please contact SafetyTraining@umich.edu to request access.

**COVID-19 On-site Supervision**

Each department must designate one or more on-site supervisors (also known as worksite COVID-19 safety coordinator) to implement, monitor and report on the department specific COVID-19 plan. A supervisor must remain on-site at all times when employees are present on-site. An on-site employee may be designated to perform the supervisory role.

COVID supervisor/coordinate is responsible for:

1) Reading and understanding the U-M COVID-19 Preparedness & Response Plan
2) Making sure all elements of the Departmental Specific COVID Work Plan are implemented and then understood/followed by employees.
3) Having the authority to implement and enforce the Work Plan.
**Travel Restrictions**

All international and domestic business travel by faculty and staff on behalf of the University of Michigan is suspended until further notice. More details about U-M travel restrictions and guidance can be found on the [Global Michigan website](https://www.global.umich.edu), which will be updated to reflect changes. Information for students traveling back to campus in the fall will be posted in the near future.

Persons not on University business traveling internationally by air must meet CDC requirements before returning to the United States.

- [CDC Returning From International Travel Order (effective Jan 26, 2021)](https://www.cdc.gov/travel/covid-19/order-returning-international-flights.html)

Before returning to the United States, passengers returning from international air travel are required to:

- Provide proof of a negative COVID-19 test no more than 3 days before returning by air to the United States or
- Documentation of having recovered from COVID-19

After returning to the United States from International travel:

- Get tested 3-5 days after travel AND stay home to self-quarantine for 7 days after travel.
- Even if you test negative, stay home to self-quarantine for the full 7 days.
- If your test is positive, isolate yourself to protect others from getting infected.
- If you don’t get tested, it’s safest to stay home to self-quarantine for 10 days after travel.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.

Always follow [state and local recommendations](https://www.cdc.gov/travel/covid-19/state-local-recommendations.html) or requirements related to travel.

- U.S. Department of State (DOS) travel advisories: [travel.state.gov](https://travel.state.gov)

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Health & Safety Measures

Protecting workers from exposure to SARS-CoV-2 is dependent on requiring basic infection prevention measures to be in place. The following are required practices that must be put part of all workplace plans and enforced as standard practices for workplace health and safety. COVID-19 Signage and Floor markings is available for download and purchase and Plexiglas shields and partitions are available for purchase.

Signage

Posters should be placed that encourage staying away from the workplace when sick, cough and sneeze etiquette and proper handwashing.

Face-coverings

The University of Michigan requires all students, staff, faculty, and visitors to wear a face covering that covers the mouth and nose anywhere on U-M property (including the Ann Arbor, Dearborn and Flint campuses as well as properties off campus). This includes when inside buildings, outdoors and on U-M transportation. It is difficult to maintain distance from groups even while outdoors on a busy university campus, and so face coverings outdoors will help slow the spread of the virus. View the entire policy at University of Michigan Face Covering Policy for COVID-19.

Per CDC guidance, the use of face coverings with exhalation valves is not permitted on campus and a face shield cannot be used in lieu of a face covering.

Individuals can provide their own face coverings if they desire; however, departments are responsible for providing non-medical grade face coverings to employees. U-M Procurement has additional guidance available on face covering purchases.

Respiratory Etiquette and Shared Equipment

Individuals should be reminded to always cover their cough or sneeze with a tissue or the inside of their elbow, throw away all tissues and immediately wash their hands with soap and water for 20 seconds or use hand sanitizer that contains at least 60% alcohol.

Prohibit workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

Social Distancing

Keeping adequate spacing between yourself and others is one of the most important behaviors that can minimize your risk of being exposed to SARS-CoV-2 virus. Remember that some people without symptoms may be able to spread virus so it is important to stay at least 6 feet (about 2 arms’ length) from other people. Casual conversations and interactions should be limited.

Work should be conducted in a manner that avoids individuals working where they cannot maintain 6 feet. The use of ground markings, signs and physical barriers should be used as appropriate in the workplace.

If work tasks do not allow for social distancing of 6 feet, the task should be reviewed to determine if it is critical. Only critical tasks should be allowed to be conducted. The use of face shields should be considered in addition to
the use of face coverings when individuals cannot maintain three feet of separation from other individuals. EHS can assist with a risk assessment for tasks where social distancing of 6 feet cannot be maintained.

**Handwashing**

Frequent and thorough hand washing with soap and water for at least 20 seconds especially after an individual has been in a public place or after sneezing, coughing, blowing your nose or touching one’s face must be followed stringently. Workplaces should be provided with adequate access to handwashing facilities. Paper toweling is preferred over hand drying machines. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol. Refer to the CDC video on [Proper Handwashing](https://www.cdc.gov/handwashing/index.html) for more details on technique. Placement of hand sanitizer stations can present an issue with egress, refer to [EHS guidance on Placement of Alcohol Based Hand Sanitizer in Non-Healthcare Facilities](https://www.epa.gov/coronavirus/placement-alcohol-based-hand-sanitizer-non-healthcare-facilities).

**Personal Protective Equipment (PPE)**

Glove use is necessary for healthcare professionals, food industry workers and individuals performing cleaning duties or other job tasks that require gloves as a standard part of their PPE. In most other situations wearing gloves is not necessary and departments should focus on promoting frequent handwashing in lieu of general use of gloves as a control strategy for COVID-19 prevention.

Similarly, individuals do not need to wear goggles, safety eyewear or face shields for general activity on campus for COVID-19 prevention. Normal job tasks that require the use of this PPE from a safety or workplace requirement perspective should continue to be followed.

**Cleaning and Disinfection**

Custodial teams across campus have increased their cleaning frequency of high-touch surfaces in common spaces using EPA registered disinfectants that are effective against SARS-CoV-2. Building occupants should also perform additional cleaning and disinfection of high-touch surfaces and shared equipment within their work areas using approved EPA disinfectants. Refer to [EHS General Cleaning Guidance](https://www.epa.gov/coronavirus/general-cleaning-guidance) for more detail.

Each department is responsible for ensuring that employees have access to cleaning and disinfecting supplies and need to be provided time for hand-washing, cleaning and disinfecting as necessary. Individuals should not use other workers’ phones, desks, offices, or other work tools and equipment, unless unavoidable for necessary work. When necessary these items should be disinfected prior to and after use.

In the event an employee tests positive for COVID-19 in the workplace, supervisors are expected to contact EHS for further guidance. EHS protocols are in place to evaluate the situation and determine the need for additional cleaning and disinfection of the worksite. Refer to [COVID-19 Exposure, Testing and Mandatory Contact Tracing Guidance for Non-Lab Employees and Supervisors](https://www.epa.gov/coronavirus/covid-19-exposure-testing-and-mandatory-contact-tracing-guidance).

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Guidance for Specific Areas

On- Campus Vehicle Usage

For those employees that utilize university vehicles or personal vehicles for their work on campus, use should be restricted to no more than one person per vehicle, if feasible. If more than one person per vehicle is unavoidable, all individuals must wear face coverings and windows should be open. Also if work vehicles are not dedicated to a specific individual for their exclusive use, departments must ensure disinfection occurs after each use. For trips off-campus, a risk and needs assessment should be completed.

Public Transportation

Many workers rely on city or university bus travel for their commute as well as their daily travel across campus. Per the State of Michigan Safe Start guidance for K-12, CDC guidance and internal recommendations, U-M Logistics, Transportation and Parking has implemented the following recommendations:

- Placement of hand sanitizer where feasible for riders to upon entering the bus.
- Entry and Exit through the rear doors with exception for those needing accessible entry
- Requirement to wear face coverings while on the bus and signage posted.
- Daily cleaning and disinfection of busses
- Weather permitting, keeping windows open while the vehicle to increase air circulation
- Limit trip duration to 15 minutes or less.

Individuals should social distance as bus stops and as soon as possible after-disembarking, wash their hands or use alcohol-based hand sanitizer with greater than 60% alcohol.

Elevators

Promote that individuals should limit elevator use and try to use the stairs as much as possible. Maintain social distancing when waiting for the elevator. Capacity should be restricted to the number of individuals that can reasonably distance 6 feet apart, with a maximum allowed occupancy of 4, having each individual standing in a corner. The maximum allowable should be 4 with each standing in a corner.

Elevator signage should be posted at the call button for the elevator on each floor to reinforce best practices and indicate elevator car capacity. Visual cues (floor decals placed in the elevator corners) should be used to indicate usable spaces and help maintain the required 6 foot physical distancing between occupants.

Corridors and Stairwells

As the primary means of circulation, these areas will be open for circulation throughout the buildings. Individuals should not linger in hallways and stairwells in order to minimize periods of contact with others, and reduce congestion. Specific attention should be given to avoiding corridors and stairwells in classroom buildings during class passing times, to minimize the density of people.

Momentarily passing by another person does not significantly increase an individuals’ risk and is not considered “close contact.” Other visual cues (floor decals, tape) can be used to indicate usable spaces and help maintain the required 6 foot physical distancing between occupants. If necessary, stairwells will be designated as up/down,
and corridors as one-directional with EHS and Fire Marshall approval. Refer to EHS guideline Designation of Stairways for One-way Directional Travel in Non-healthcare Facilities.

Restrooms

Physical distancing of 6 feet should be maintained while in restrooms. There is no need for occupancy indicators, but signage can be added to direct individuals to the locations that have additional bathrooms if the particular one is crowded. Per code requirements, sinks, stalls or urinals should not be blocked from use. No modifications to university toilets are required or deemed necessary.

For areas with doors, place a trash can by the door for those that wish to use paper towel when using the handle. The trash can should not impede egress. Paper toweling for hand drying is preferred over air dryers, but air dryers are allowable.

Atrium/Common Spaces

Atriums and common spaces may not be used for congregating, but these areas can be repurposed as spaces for individuals that do not have an alternate location to take breaks or eat their meals. Social distancing is required as is cleaning and disinfection between individuals. Cleaning and disinfection supplies should be made available.

Conference Rooms/Huddle Rooms/Training Rooms

Meetings and training sessions should be conducted remotely using phone or video conferencing (zoom, google meet, blue jeans, etc.) if possible. Even while working on campus, employees should communicate as needed by email, instant message, telephone or other available technology rather than face-to-face.

Conference, huddle, and training rooms should be limited to a maximum occupancy of 144 square feet per person. Use signage, tape off, or stack chairs (if feasible) that should not be used, in order to maintain six feet between people. Conference rooms can also be considered for use to expand work/desk space if needed. Conference rooms that are used should be disinfected on a daily basis at minimum. Materials can be left in the room and employees should clean their surface and equipment used.

Guidelines for Academic Facilities

The Provost office designated a working group to develop Guidelines for Academic Facilities as well as a process for academic units to submit their reentry plans for the fall semester. Additional details regarding that process can be found on the U-M Provost COVID-19 page.

Guidelines for Research Facilities

The Office of Research developed guidance for the activation of laboratory, studio and field research as well as for Human Subjects Research. Refer to the U-M Research Reactivation Plan and the U-M Office of Research COVID-19 Research Reengagement website for additional details. Also refer to the Human Research Activation Tier Framework and Human Research Activation Tier Flowchart for specific information pertaining to reactivation of human subject research.
Building-wide Considerations

Ventilation

Increasing ventilation can help minimize exposures in workspaces. Although the SARS-CoV-2 virus is thought to primarily be spread through person-to-person contact, increasing ventilation within a system’s operating parameters can be part of a strategy for workplaces. Refer to HVAC Guidelines for University of Michigan Facilities.

Building Water Management

As many buildings on campus were at reduced building occupancy, a potential exists for stagnant water due to lowered or no use. Stagnant water can result in iron deposit, sediment formation, bacterial growth, heavy metal contamination, and aesthetic concerns such as discolored water with objectionable tastes and smells. Frequent flushing of building water lines can reduce these issues. Therefore a routine flushing program is recommended to prevent building water problems. Facilities & Operations is managing this for the campus buildings that they serve following an established protocol. Other areas should consider flushing in the building by running all sources of water for several minutes before use.

Drinking fountains, water coolers, coffee stations

Drinking fountains, water coolers, coffee stations and other shared equipment should either have reminders about proper handwashing and cleaning/disinfection for shared items. Departments should supply materials for cleaning and disinfecting these items. Adopting best practices such as using touchless refillable water bottle stations or bringing your own water bottle instead of using shared equipment are encouraged. Ice machines that require a handheld scoop should not be used, as it is difficult to control potential contamination.
**Unit-specific Workplace Requirements**

These additional requirements are imposed per the current MIOSHA Emergency COVID-19 Rules which specifies additional requirements for certain industries. The basic requirements covered in this document apply to all areas of employment and must also be followed.

**Construction Industry – AEC Construction Services**

In addition to the elements covered under Workplace Requirements and Health & Safety Measures, those departments whose work is in the construction industry must do the following:

- Create dedicated entry points at every worksite, if possible, for daily screening or alternatively issue stickers or other indicators to employees to show that they received a screening before entering the worksite that day.
- Identify choke points and high-risk areas where employees must stand near one another and control their access and use so that social distancing is maintained.
- Create protocols for minimizing personal contact upon delivery of materials to the worksite.

**Health Care- Includes health facilities or agencies, outpatient health care facilities, clinics, primary care physician offices, dental offices (University Health Services, Dental Offices, Mary A. Rackham Institute)**

- Post signs at entrance(s) instructing patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
- Mark waiting rooms to enable six feet of social distancing (e.g., by placing X’s on the ground and/or removing seats in the waiting room).
- Conduct a common screening protocol for all patients, including a temperature check and questions about COVID-19 symptoms.
- Place hand sanitizer and face coverings at patient entrance(s).
- Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
- Install physical barriers at sign-in, temperature screening, or other service points that normally require personal interaction (e.g., Plexiglas, cardboard, tables).
- Gatherings in waiting areas for these facilities are prohibited unless the facility can ensure 6 ft. of distance between persons not in the same household.
- Establish policy for patients to wait in their cars for their appointments to be called.

**Retail Stores, Libraries and Museums**

- Create communications material for customers to inform them of changes to store practices and to explain the precautions being taken to prevent infection.
- Require patrons to wear a face covering (unless the patron is unable medically to tolerate a face covering).
- Post signs at entrances instructing customers to wear face covering when inside.
- Post signs at entrances informing customers not to enter if they are or have recently been sick.
- Design spaces and store activities in a manner that encourages employees and customers to maintain six feet of distance from one another.
- Install physical barriers at checkout or other service points that require interaction, including Plexiglas barriers, tape markers or tables.
- Establish an enhanced cleaning and sanitizing protocol for high-touch areas like restrooms, credit card machines, keypads, counters, carts, and other surfaces.
- A gathering at a retail store, museum or library must not exceed 30% of total occupancy limits. Nevertheless, a retail store, library, or museum may permit one customer at a time to enter if strict adherence to the 30% total occupancy limit would otherwise result in closure.
- Retail establishments must establish lines to regulate entry and checkout, with markings for patrons to enable them to stand at least six feet apart from one another while waiting.

See the following links for additional guidance for Libraries and Museums for consideration.

**Public Accommodations - Sports and Entertainment Facilities (Including arenas, concert halls, performance venues, sporting venues, stadiums and theaters) as well as places of public amusement, such as skating rinks, etc.**

- Post signs at all entrances instructing customers to wear a face covering when inside.
- Post signs outside of entrances informing customers to not enter if they are or have recently been sick.
- Require patrons to wear a face covering (unless the patron is unable medically to tolerate a face covering).
- Establish crowd-limiting measures to meter the flow of patrons.
- For sports and entertainment facilities, establish safe exit procedures for patrons.
- Groups of patrons participating in activities together (such as those seated together at a concert or movie, or bowling in the same lane) do not exceed 10 persons from up to two households.
- Patrons are prevented from mingling with or engaging in physical contact with persons outside their group.
- Consumption of food or beverages is permitted only where patrons are seated, groups of patrons are separated by at least 6 feet, no more than 6 patrons are seated at a table, and groups of patrons do not intermingle.
- Venues abide by the following density limitations:
  - For venues with fixed seating, occupancy must not exceed 20% of the limits established by the State Fire Marshal or a local fire marshal;
  - For venues with non-fixed seating, occupancy is limited to 20 persons per 1,000 square feet, including within any distinct space within the venue;
- Venues abide by the following maximum capacity limitations:
  - At stadiums and arenas hosting sporting events as provided in section 6, up to 250 patrons may be gathered at venues with a seating capacity under 10,000, and up to 500 patrons may be gathered at venues with a seating capacity of over 10,000;
  - For all other entertainment and recreation facilities, no more than 100 patrons may be gathered within any distinct space within the venue.
Gatherings at ice and roller rinks are permitted, provided that occupancy is limited to 4 persons per 1,000 square feet, including within the exercise space.

**Sports and Exercise Facilities - Gymnasiums, fitness centers, recreation centers, sports facilities, exercise facilities/studios, rinks and like facilities:**

- Post signs at all entrances instructing customers to wear a face covering when inside a facility.
- Post signs informing individuals to not enter if they are or have recently been sick.
- Mandate wearing of facial coverings at all times except for swimming.
- Provide equipment cleaning products throughout the gym or exercise facility for use on equipment.
- Ensure that ventilation systems operate properly.
- Gatherings must not exceed 25% of the total occupancy limits.
- There must be at least 6 feet of distance between each occupied workout station and physical layout of the space must be established such that exercisers can move between stations while maintaining 6 feet of distance from others at all times.
- Gatherings for group fitness activities or classes are permitted, provided that all persons maintain at least 6 feet of distance from others at all times and wear a face mask at all times.
- A gathering at an indoor or outdoor pool not otherwise prohibited must not exceed 25% of bather capacity limits.
- Gatherings for the purpose of non-contact sports and open skating are permitted. Gatherings for the purpose of contact sports are prohibited unless meeting the requirements below:
  - Participants remain masked; or
  - Where it would be unsafe for participants to remain masked, all participants are tested consistent with MDHHS’s document entitled Guidance for Athletics issued February 7, 2021.
- Gatherings for the purpose of sports practice and competition are prohibited unless participants maintain 6 feet of distance from each other when not engaged in play.
- Even where it is not required, sports organizers are encouraged to administer a testing program as specified MDHHS’s document entitled Guidance for Athletics issued February 7, 2021.
- The facility must maintain accurate records, including date and time of entry, names of patrons, and contact information, to aid with contact tracing, and denies entry for a gathering to any visitor who does not provide, at a minimum, their name and phone number.

See the following link for additional guidance for Gyms and Workout Facilities.

**In Home Services:**

- All in-home service operations must maintain accurate appointment records to aid with contact tracing.
  - Appointment records include:
    - Date & Time of Service
    - Name of Client
    - Contact Information
- All in-home service operations must:
  - Prior to entering the home, inquire with the customer whether anyone in the household:
    - has been diagnosed with COVID-19,
    - is experiencing symptoms of COVID-19, or
has had close contact with someone who has been diagnosed with COVID-19
○ If so, the operation must reschedule for a different time.

Child Care Centers

Childcare centers can take clear actions to operate a safe center through efforts focused on prevention, early detection, and control of COVID-19. The MDHHS has several documents for childcare centers: MDHHS Childcare Symptoms Monitoring Protocol during COVID-19 Response and MDHHS Cleaning and Disinfecting of Childcare Environments During COVID-19 Response. The CDC has extensive guidance for day care centers as well. Also reference the following link for additional guidance for Child Care Centers.

Restaurants and Indoor Dining

- Require patrons to wear a face covering except when eating/drinking or medically unable.
- Require six feet of separation between parties or groups at different tables or bar tops.
- Prohibit access to common areas in which people can congregate.
- Create communications material for customers (e.g. signs, pamphlets) to inform them of changes to restaurant or bar practices and to explain the precautions that are being taken to prevent infection.
- Post sign(s) at all entrance(s) informing customers not to enter if they are or have recently been sick.
- Post sign(s) instructing customers to wear face covering until they are seated at their table.
- Require hosts, servers, and staff to wear face coverings in the dining area in addition to areas where social distancing cannot be maintained.
- Gatherings are prohibited at food service establishments unless.
  ○ Consumption of food or beverages is permitted only in a designated dining area where patrons are seated, groups of patrons are separated by at least 6 feet, no more than 6 patrons are seated together (at a table, booth, or group of fixed seats), and groups of patrons do not intermingle;
  ○ Patrons are not permitted to gather in common areas in which people can congregate, dance, or otherwise mingle;
  ○ In the event that an employee of a food service establishment is confirmed positive for COVID-19 or shows symptoms of COVID-19 while at work, a gathering at that food service establishment is prohibited until the food service establishment has been deep cleaned consistent with Food and Drug Administration and CDC guidance;
  ○ At establishments offering indoor dining:
    ■ The number of patrons indoors (or in a designated dining area of a multipurpose venue) does not exceed 25% of normal seating capacity, or 100 persons, whichever is less, provided, however, that this limitation does not apply to soup kitchens and shelters;
    ■ Food service establishments, or the designated dining area of a multipurpose venue, close indoor dining between the hours of 10:00 PM and 4:00 AM;
    ■ The venue displays, in a prominent location, the MDHHS “Dining During COVID-19” brochure.
- All dine-in food service establishments must maintain accurate records of the names and phone numbers of patrons who purchase food for consumption on the premises, and the date and time of entry.
Appendix A: Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the type of work conducted, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

Occupational Risk Pyramid for COVID-19

Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. 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).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients’ rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
• Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) 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 frequent close contact with the general public.

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Jobs Classified at Lower Exposure Risk (Caution): What to Do to Protect Workers

Engineering Controls

Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.

Administrative Controls

• Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.
• Collaborate with workers to designate effective means of communicating important COVID-19 information.

Personal Protective Equipment

Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks. Per the State of Michigan Executive Order 2020-59 and subsequent orders, employees will be provided a cloth face covering for mandatory use when in enclosed public areas.

All types of PPE are to be:

• Selected based upon the hazard to the worker.
• Properly fitted and periodically refitted as applicable.
• Consistently and properly worn when required.
• Regularly inspected, maintained, and replaced, as necessary.
• Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.
Jobs Classified at Medium Exposure Risk: What to Do to Protect Workers

Engineering Controls

● Install physical barriers, such as clear plastic sneeze guards, where feasible.

Administrative Controls

● Consider offering face masks to ill employees and patients to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission.
● Where appropriate, limit public access to the worksite, or restrict access to only certain workplace areas.
● Consider strategies to minimize face-to-face contact (e.g., phone-based communication, telework).
● Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

Personal Protective Equipment (PPE)

Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer’s hazard assessment, and the types of exposures workers have on the job.

In rare situations that would require workers in this risk category to use respirators, see the PPE section which provides more details about respirators.

All types of PPE are to be:

● Selected based upon the hazard to the worker.
● Properly fitted and periodically refitted as applicable.
● Consistently and properly worn when required.
● Regularly inspected, maintained, and replaced, as necessary.
● Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Jobs Classified at High or Very High Exposure Risk: What to Do to Protect Workers

Engineering Controls

● Ensure appropriate air-handling systems are installed and maintained in healthcare facilities. See “Guidelines for Environmental Infection Control in Healthcare Facilities” for more recommendations on air handling systems.
● CDC recommends that patients with known or suspected COVID-19 (i.e., person under investigation) should be placed in an airborne infection isolation room (AIIR), if available.
● Use isolation rooms when available for performing aerosol-generating procedures on patients with known or suspected COVID-19. For postmortem activities, use autopsy suites or other similar isolation facilities when performing aerosol-generating procedures on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death. See the CDC postmortem guidance at:
Use special precautions associated with Biosafety Level 3 when handling specimens from known or suspected COVID-19 patients.

Administrative Controls

If working in a healthcare facility, follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers.

- Develop and implement policies that reduce exposure, such as cohorting (i.e., grouping) COVID-19 patients when single rooms are not available.
- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the healthcare facility and use disposable face masks.
- Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.
- Provide all workers with job-specific education and training on preventing transmission of COVID-19, including initial and routine/refresher training.
- Ensure that psychological and behavioral support is available to address employee stress.

Safe Work Practices

- Provide emergency responders and other essential personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field.

Personal Protective Equipment (PPE)

Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks.

Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. In these instances, see the PPE section of this plan, which provides more details about respirators.

PPE ensembles may vary, especially for workers in laboratories or morgue/mortuary facilities who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection.

NOTE: Workers who dispose of PPE and other infectious waste must also be trained and provided with appropriate PPE.

The CDC webpage “Healthcare-associated Infections” (www.cdc.gov/hai) provides additional information on infection control in healthcare facilities.
Job Duties Affect Workers’ Exposure Risk Levels

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. Additional examples of workers who may have increased risk of exposure to SARS-CoV-2 include those in:

- Other types of healthcare positions (including pre-hospital and medical transport workers, allied medical care professionals, and support staff)
- Emergency response (e.g., emergency medical services workers, firefighters, and law enforcement officers)
- Research or production laboratory workers
- Solid waste and wastewater management
- Environmental (i.e., janitorial) services
- Residential repair services
- Social, or public health workers in jobs requiring contact with community members who may spread the virus
- Transit and delivery drivers, depending on their degree of close contacts with the public

EHS is available to assist in reviewing job tasks and recommending additional measures that can be put into place to mitigate exposure to SARS-CoV-2.
Appendix B: Workplace control examples

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure.

During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to SARS-CoV-2.

Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls for SARS-CoV-2 include:

- Increasing ventilation rates in the work environment.
- Installing physical barriers, such as clear plastic sneeze guards.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings).

Examples of engineering controls implemented on campus include the following:

- Bus Partitions to create a physical barrier of separation of 6 feet between the bus driver and passengers
- Isolation rooms that provide one-pass air to reduce the need for higher level PPE in the general room area.
- Experimental helmet apparatus for COVID patient use to provide HEPA exhausted enclosure around the patient to eliminate need for upgraded PPE during certain procedures.

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Administrative controls for SARS-CoV-2 include:

- Minimizing contact among workers by replacing face-to-face meetings with virtual communications and implementing telework, if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Developing emergency communications plans, including a forum for answering workers’ concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training workers who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties.
Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Post handwashing signs in restrooms.
- Practicing social distancing.

Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19.

The University of Michigan Personal Protection Equipment Program provides additional detail regarding hazard assessment, selection, maintenance and use of required PPE.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Current required respirator usage for COVID-19 protection on Campus:

-Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators that are National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better and follow the University of Michigan Respiratory Protection Plan. Respirators must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. Surgical N95 respirator will be used when both respiratory protection and resistance to blood and body fluids is needed.

-N95 filtering facepiece respirators are required for DPSS transport of suspected COVID-19 individuals.

-PAPRs may be required to be worn by Hospital maintenance personnel if entering a room with a known or suspected to be COVID-19 patient during or within one hour of an aerosolization procedure.

-N95 respirators are worn during COVID-19 research if work may generate aerosols or other risk of exposure.

-Face shields may also be worn on top of a respirator to prevent bulk contamination of the respirator.
Appendix C: Record of Significant Updates

<table>
<thead>
<tr>
<th>Date</th>
<th>Additions/Modifications</th>
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</table>
| 6/22/20    | ▪ Added Appendix C to track changes  
             ▪ Added UM Health Screen URL  
             ▪ Added EHS Hand Sanitizer Guidance, Stairway Guidance, and Water Quality document  
             ▪ Added Training Link for Human Subject Research and Link to Tiers under Research section  
             ▪ Added a link for Risk Assessment Document  
             ▪ Added UM Maize and BluePrint website. |
| 6/23/20    | ▪ Updated info on signage and corrected broken links, errors |
| 6/29/20    | ▪ Removed intro language about virus origins  
             ▪ Added links to supplement info on daycare, gyms, libraries, museums, etc.  
             ▪ Added links for human subject research |
| 7/8/2020   | ▪ Changed maximum capacity to 50% from 30% as a goal in staffing management based on guidance from Provost’s committee. |
| 7/10/2020  | ▪ Updated UM Travel Policy Info |
| 7/23/2020  | ▪ Added sentence regarding students to introduction  
             ▪ Added COVID-19 Supervisor duties  
             ▪ Added link to U-M Health Screen to screening section  
             ▪ Updated language for Elevators, Corridors and Stairwells, and Restrooms to match Provost guideline document.  
             ▪ Added section on Academic Areas  
             ▪ Moved Research information under Academic area information  
             ▪ Changed section heading to “Guidance for Specific Areas”  
             ▪ Added section for Building-wide considerations for HVAC, water management and drinking fountains/water coolers and coffee stations. |
| 7/27/2020  | ▪ Added training report information |
| 8/26/2020  | ▪ Updated screening info for ResponsiBlue  
             ▪ Updated OHS hotline hours  
             ▪ Updated info for on-campus vehicle use and bus transportation.  
             ▪ Added info on exhalation valved masks and face shields |
<p>|            | ▪ Added info for new training dashboard access |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
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<tbody>
<tr>
<td>11/16/2020</td>
<td>• Updated reference from Executive Orders to MIOSHA Emergency Rules as the authoritative reference for requirements.</td>
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<tr>
<td></td>
<td>• Deleted items that are no longer required by the new rules.</td>
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<tr>
<td></td>
<td>• Added link to a paper form that can be used to document daily entry screening for employees if Responsiblue is not used.</td>
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<tr>
<td></td>
<td>• Added specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order</td>
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<tr>
<td>1/29/2021</td>
<td>• Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order</td>
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<tr>
<td></td>
<td>• Added additional Unit-Specific Workplace Requirements per MIOSHA</td>
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<tr>
<td></td>
<td>• Updated CDC Guidance for Returning from International Travel</td>
</tr>
<tr>
<td>2/23/2021</td>
<td>• Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 2/4/2021- 3/29/2021</td>
</tr>
<tr>
<td></td>
<td>• Added additional Unit-Specific Workplace Requirements per MIOSHA for Restaurants and Indoor Dining</td>
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