COVID-19 Preparedness and Response Plan for

On-campus Employees during the COVID-19 Pandemic

Updated August 11, 2021

Contents

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. The information provided is based on current Center for Disease Control (CDC) guidelines, Federal OSHA COVID-19 Emergency Temporary Standard adopted by reference by MIOSHA, and the Federal OSHA Guidance: Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace. 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 U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak:
https://www.cdc.gov/coronavirus/2019-ncov/index.html

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.

Environment, Health & Safety is available for consultation at 734-647-1143

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, fever or 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

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

COVID-19 transmission: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

Workplace Requirements

The MIOSHA Emergency COVID-19 rules have been suspended as of June 22, 2021.   The Federal OSHA COVID-19 Emergency Temporary Standard adopted by reference by MIOSHA is currently the only regulatory standard and it is applicable to Health Care settings. This document provides information for areas that need to comply outside of University of Michigan- Health system which has its own COVID-19 plan. Additional information is based on current Center for Disease Control (CDC) guidelines, Department of Education guidance, MDHHS guidance, and the Federal OSHA Guidance: Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace.

Each department, school or college needs to obtain permission to resume in-person work through the process developed by their reporting Executive Officer.

Department-specific COVID-19 Work Plan

Units are no longer required to keep department specific COVID-19 work plans with the exception of Healthcare settings (see Health care section for more details.)

Remote Work

Current university policy is that all campus employees working from home will continue to do so through at least mid-summer. Employees will begin a gradual return to more on-site work in the coming months at the direction of their unit's leaders. 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. There are no specific density requirements in place.

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](#).

Vaccination

The University of Michigan's [COVID-19 vaccination policy](#) is an important and effective step to return to an in-person campus for Fall 2021 and to protect our community from COVID-19. All U-M faculty, staff, and students – including Michigan Medicine – are required to receive the COVID-19 vaccination, with limited exemptions. This policy is effective immediately, and is subject to change as the pandemic and public health guidance continue to evolve. It will be regularly reviewed as public health guidance dictates. As of March 21, 2021 (the start of the biweekly pay period), employees on the Ann Arbor, Dearborn and Flint campuses are eligible to use up to two hours of paid release time per vaccine dose. Bargained-for staff and staff who are funded by research grants may use paid release time for vaccination.

Face Coverings

In light of increasing case transmission due to the Delta variant, the University is again requiring the use of face coverings by all individuals, regardless of vaccination status. The requirements of this policy will be in place for at least the first weeks of the fall semester to aid in protecting the U-M community from the spread of COVID-19, including the Delta variant. Except as otherwise allowed by this policy, U-M requires all students, staff, faculty, and visitors to wear a face covering that covers the mouth and nose when indoors on U-M property (including the Ann Arbor, Dearborn and Flint campuses as well as U-M controlled properties off campus) and when on U-M buses. Certain units, such as University of Michigan – Health, may issue local level policies that supersede this policy and must be followed as applicable. Please refer to the full [policy](#) for further detail.

U-M Exposure Determination

Workplace settings outside of Healthcare are no longer required to conduct exposure determinations.

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 of time before going home, an area with closable doors should be dedicated to isolate the ill individual from other co-workers. Sick leaves 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, students and visitors of our campus community **who will enter campus buildings** will are expected 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. Alternatively, this [form](#) can be used.

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 current hours (subject to change) are everyday from 7:00 AM to 5:00 PM. 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 department and any co-workers, contractors or suppliers who may have come in contact with the individual will be notified within 24 hours of case investigation completion.

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 returning to work.

Employees that are fully vaccinated, do not need to quarantine after an exposure to a COVID-19 case unless directed to do so by a public health agency.

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

Visitors

All visitors to campus are expected to use the guest version of ResponsiBLUE ([guest.responsiblue.umich.edu](#)) whenever they come to campus and be prepared to show verification if requested.

Any outside entity should 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.

Training-

All employees on-site are no longer required to take SARS-Cov2 and COVID-19 Training, however it is recommended. The training covers the following:

- ● Workplace infection-control practices, including information on vaccinations available for COVID-19.
- ● 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 is the training module available in My LINC:

[EHS_OHS_COVIDw COVID-19: Working Safely at U-M](#)

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

COVID-19 Safety Coordinator

This no longer required for worksites outside of Health Care Settings.

Travel Restrictions

More details about U-M travel restrictions and guidance can be found on the **[Global Michigan website](#)**, 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, updated May 19th, 2021)](#)

Before returning to the United States, passengers, **including US citizens and fully vaccinated people**, 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 the CDC recommends:

- Fully Vaccinated Travelers:
    - Get tested 3-5 days after travel AND self monitor for symptoms

- Not Vaccinated Travelers:
    - 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 you don't get tested, it's safest to stay home to self-quarantine for 10 days after travel.

Always follow [state and local recommendations](#) or requirements related to travel.

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

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 part of all workplace plans and enforced as standard practices for workplace health and safety. **Please refer to [U-M Guidance for Facilities](#) for detailed information on campus expectations and recommendations.**

Guidance for Specific Situations

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 upon entering the bus.
- 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 at bus stops and as soon as possible after-disembarking, wash their hands or use alcohol-based hand sanitizer with greater than 60% alcohol.

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.

Health Care Settings

Applicability

University of Michigan-Health is covered by their own COVID-19 plan. Other campus units should determine the applicability of this standard. The OSHA COVID-19 Emergency Temporary Standard is aimed at protecting workers facing the highest COVID-19 Hazards - those working in healthcare settings where suspected or confirmed COVID-19 patients are treated. Refer to this [flow chart](#) for more information and EHS can assist if there are questions.

If it is determined that the ETS does apply the following will need to be implemented in addition to the general requirements previously indicated:

Department-specific COVID-19 Work Plan

A plan that references this UM COVID-19 plan as well as designates the COVID-19 safety coordinator and details the workplace hazard assessment. Units should involve non-managerial staff in plan development and implementation.

COVID-19 Safety Coordinator

Each department must designate one or more supervisors (also known as worksite COVID-19 safety coordinator) to implement, monitor and report on the department specific COVID-19 plan.

COVID supervisor/coordinator 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.

Patient Screening and Management

Limit and monitor points of entry to settings where direct patient care is provided; screen and triage patients, clients, and other visitors and non-employees; implement patient management strategies. Responsiblue Guest or other systems used by your unit may be used to screen patients upon entry.

Standard and Transmission-based Precautions

Develop and implement policies and procedures to adhere to Standard and Transmission-Based precautions based on CDC "[Guidelines for Isolation Precautions](#)".

Personal Protective Equipment (PPE) and Aerosol Generating Procedure Controls

Appropriate PPE must be provided and used by those reasonably anticipated to be exposed to a person with suspected or confirmed COVID-19 or for aerosol-generating procedures. The use should be in accordance with the [UM Respirator Protection Program](#) and [UM Personal Protection Guideline](#). Employees performing aerosol generating procedures should be limited to only those essential to be present and should be conducted within an

airborne infection room, if available. Cleaning and disinfection of the surfaces and equipment in the room must take place after each procedure.

Cleaning and Disinfection

Follow CDC guidelines for cleaning of patient care areas and for medical devices and equipment. All other areas can follow COVID-19 guidance for campus facilities.

Training

All healthcare areas subject to these additional requirements must take SARS-Cov2 and COVID-19 Training.   The training covers the following:

- Workplace infection-control practices, including information on vaccinations available for COVID-19.
- 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 is the training module available in My LINC:

EHS_OHS_COVIDw COVID-19: Working Safely at U-M

In addition, units must also review the site specific COVID-19 plan with employees.

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, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

Previous guidance issued by 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:

Exposure Risk:	Description:	U-M Specific:
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 ft. with clients who may not be able to wear face coverings.
Lower Exposure Risk	These 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 (within six feet) with the general public. Workers in this category have minimal occupational contact with the public and other coworkers.	Includes all individuals that can perform job duties maintaining social distancing. Includes: - Office/Admin personnel - Staff performing research - Custodians - Delivery personnel - Maintenance and Trades workers that are able to socially distance - Faculty/instructional staff

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.

Exposure Determination	Workplace Controls
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 the 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. - 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 the need for additional PPE or other controls. Contact EHS for assistance.

Appendix A: 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.

<u>Safe Work Practices</u>

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.

<u>Personal Protective Equipment (PPE)</u>

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 B: Record of Significant Updates

Date:	Additions/Modifications
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

	▪ Added info for new training dashboard access
11/16/2020	▪ Updated reference from Executive Orders to MIOSHA Emergency Rules as the authoritative reference for requirements. ▪ Deleted items that are no longer required by the new rules. ▪ Added link to a paper form that can be used to document daily entry screening for employees if Responsiblue is not used. ▪ Added specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order
1/29/2021	▪ Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order ▪ Added additional Unit-Specific Workplace Requirements per MIOSHA ▪ Updated CDC Guidance for Returning from International Travel
2/23/2021	▪ Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 2/4/2021- 3/29/2021 ▪ Added additional Unit-Specific Workplace Requirements per MIOSHA for Restaurants and Indoor Dining
3/3/2021	▪ Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 3/5/2021- 4/19/2021
3/19/2021	▪ Added updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 3/22/2021- 4/19/2021
4/26/2021	▪ Updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 4/26/2021- 5/24/2021
5/18/2021	▪ Updated specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 5/15/2021- 5/31/2021
6/1/2021	▪ Removed specific references as required by MDHHS Emergency Rules on Gatherings and Face Mask Order Effective 6/1/2021- 7/1/2021

	- Removed specific references as required by the MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Updated the Ways COVID-19 Spreads according to the latest CDC guidance published on May 13, 2021. - Updated recordkeeping requirements for all employers per MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Updated training requirements for all employers MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Updated Face Covering Guidance per U-M Face Covering Policy - Updated Remote Work per MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Appendix A Removed - Duplicate of U-M Exposure Determination already in body of document. - Updated COVID-19 Safety Coordinator per MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Removed Shared Equipment as no longer required per per MIOSHA Emergency Rules Coronavirus Disease 2019 (COVID-19) issued on May 24, 2021. - Updated International Travel Order per revised CDC guidelines - Removed occupant density guidance. - Updated Cleaning and Disinfection guidance in response to the latest CDC guidance published on April 5, 2021.
6/18/2021	- Deleted COVID research training link as it is not necessary to have a separate training

	▪ Added section regarding Vaccination information and removed specific guidance that is no longer needed. ▪ Added Guidance document for campus facilities.
6/28/2021	● Updated to delete requirements under suspended MIOSHA emergency rules and add requirements under FED OSHA ETS and Guidance documents.
7/16/2021	● Adjusted language around validation of vaccination status for masking policy assurance.
8/10/2021	● Added vaccination policy and updated face covering information.