

COVID-19 PREPAREDNESS AND RESPONSE PLAN
Charter Township of Union, MI
(Effective 6/14/2021)

I. Purpose

This COVID-19 Preparedness and Response Plan (“Plan”) is adopted and updated in compliance with various Michigan Department of Health and Human Services Emergency Orders; various Michigan Department of Labor and Economic Opportunity Emergency Rules; Central Michigan District Health Department Emergency Orders (collectively known as “Various Orders/Rules”) and as additional information is obtained by the Township to help ensure the safety and health of Township employees and visitors.

II. Workplace Considerations

This Township’s workplace is primarily an office building, a wastewater treatment plant with associated collection and distribution/transmission facilities and water treatment plant with associated collection and distribution/transmission facilities.

III. Basic Infection Prevention Measures & Safe Work Practices

1. To protect its in-person workers, visitors and others, the Township will:
 - a. Require persons inside township facilities to comply with the social distancing practices described in various Orders/Rules which includes keeping persons at least six feet from others to the maximum extent possible.
 - b. Require staff persons and non-fully vaccinated visitors to wear a face covering
 - c. Limit attendance at gatherings as required in various Orders/Rules
 - d. Promote frequent and thorough hand washing, including by providing workers with a place to wash their hands.
 - e. Require staff persons to stay home if they are sick.
 - f. Encourage respiratory etiquette, including covering coughs and sneezes.
 - g. Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.
 - h. Increase frequency of regular housekeeping practices, including routine cleaning and disinfecting of surfaces, high-touch surfaces, equipment, and other elements of the work environment.

- i. Direct that face-to-face meetings should be replaced with virtual meetings to the greatest extent possible.
- j. If it is suspected or confirmed that an employee, visitor, or customer has a known case of COVID-19, the work area and/or site should be closed/vacated for disinfection in accordance with CDC guidelines
- k. Worksite COVID-19 Supervisors may, with the approval of the Township Manager, institute additional operational specific measures to maintain the intent of this Plan but, no additional measures can be less restrictive than the Plan.
- l. The Township Manager and Department Directors are designated as the Worksite COVID-19 Supervisors
- m. The Township shall provide communication and training on COVID-19 infection control practices which will cover: 1) workplace infection-control practices; 2) steps the employee must take to notify the Worksite COVID-19 Supervisor of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19; and 3) how to report unsafe working conditions

IV. Identification and Isolation of Ill Workers; Response

1. The Township will instruct in-person workers and visitors to complete a health screening questionnaire upon entry to a worksite/facility.
2. Workers are required to self-monitor themselves for signs and symptoms of COVID-19. Workers must not report to work if they have signs or symptoms of COVID-19 or other illness. Workers are required to use MI Symptoms although paper forms are acceptable in limited circumstances. Each incident will be evaluated for extenuating circumstances and with the approval of the Township Manager, may be allowed to report to work.
3. The Township may prevent employees and visitors from entering the premises if they display COVID-19 related respiratory symptoms or have had contact with a person with a confirmed diagnosis of COVID-19, which will include asking workers to disclose any symptoms or illness or if they have had exposure to persons with COVID-19. The Township may also require workers to take their temperature and record the result in writing before working.
 - a. To return to the workplace, an employee with a known or suspected case of COVID-19 or who had close contact with a person with a confirmed diagnosis of COVID-19, must have followed health official guidance on isolation and quarantining practices.

4. Notwithstanding anything in the Township’s employment policies or labor agreements, no written note from a physician is required for workers who are staying home from work due to COVID-19 related illness, nor is a written note required for an employee to return to work.
5. Employees shall promptly report any signs and symptoms of COVID-19 to the employer before or during the work shift.
6. When the Township learns of an employee with a known case of COVID-19, the Township shall within 24 hours of learning of the known case, notify any co-workers who may have come into close contact with the employee with a known case of COVID-19. Only after the employee is no longer infectious according to the latest guidelines from the CDC and they are released from any quarantine or isolation order by the local public health department can they return to work.
7. Employees in the workplace who display signs or symptoms of COVID-19 must be immediately isolated from other employees. The employee with signs or symptoms of COVID-19 should be placed in a separate room with closable doors until he or she leaves or is transported from the workplace. If a face mask is available, the employee should wear a face mask until he or she leaves or is transported from the workplace.
8. All employees may take any leave permitted under federal or state law or the Township’s policies, including any leave for which they are eligible and for which they have a qualifying reason under the Families First Coronavirus Response Act. If an in-person worker tests positive for COVID-19, the Township may take additional measures that are reasonable under the circumstances.

V. Personal Protective Equipment (“PPE”)

1. Any individual able to medically tolerate a face covering must wear a covering over his or her nose and mouth—such as a homemade mask, scarf, bandana, or handkerchief—when in any enclosed public space.
 - a. For staff at the Township Hall, this should be read as requiring a face covering when moving about the building except when in your own private office.
 - i. For those that do not have a “private office” at Township Hall (Administrative Assistant, Building Dept Clerk, and Accounting Specialist), it is not required to wear a mask when at your workstation.
 - ii. There is nothing preventing any employee from wearing a mask even while working in your private office.

- b. For those located at any Public Service Department facility, staff required to work in close proximity, or the same general area must wear a face covering over his or her nose and mouth.
- c. All staff that has any interaction with the general public or enter any public locations within a Township facility must wear a face mask or covering.
- d. The Township shall provide non-medical face coverings to employees.

VI. Public Access Protocols

- 1. Non-vaccinated individuals entering Township buildings are required to wear a face covering, maintain social distancing and are required to complete a health screening questionnaire.
- 2. The Township will post signs at all entrances instructing visitors that are not fully vaccinated to wear a face covering when inside the facility and not to enter if they are or have recently been sick (unless the patron is unable medically to tolerate a face covering)
- 3. Public areas are limited to the number of individuals that can accommodate social distancing guidelines and requirements that are contained in the various Orders.

This Plan is subject to revision as needed by the Township Manager

Plan last updated June 9, 2021



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

May 24, 2021

Emergency Order under MCL 333.2253 – Gatherings and Face Mask Order

Michigan law imposes on the Michigan Department of Health and Human Services (MDHHS) a duty to continually and diligently endeavor to “prevent disease, prolong life, and promote the public health,” and gives the Department “general supervision of the interests of the health and life of the people of this state.” MCL 333.2221. MDHHS may “[e]xercise authority and promulgate rules to safeguard properly the public health; to prevent the spread of diseases and the existence of sources of contamination; and to implement and carry out the powers and duties vested by law in the department.” MCL 333.2226(d).

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. COVID-19 spreads through close human contact, even from individuals who may be asymptomatic.

In recognition of the severe, widespread harm caused by epidemics, the Legislature has granted MDHHS specific authority, dating back a century, to address threats to the public health like those posed by COVID-19. MCL 333.2253(1) provides that:

If the director determines that control of an epidemic is necessary to protect the public health, the director by emergency order may prohibit the gathering of people for any purpose and may establish procedures to be followed during the epidemic to insure continuation of essential public health services and enforcement of health laws. Emergency procedures shall not be limited to this code.

See also In re Certified Questions from the United States District Court, Docket No. 161492 (Viviano, J., concurring in part and dissenting in part, at 20) (“[T]he 1919 law passed in the wake of the influenza epidemic and Governor Sleeper’s actions is still the law, albeit in slightly modified form.”); *id.* (McCormack, C.J., concurring in part and dissenting in part, at 12). Enforcing Michigan’s health laws, including preventing disease, prolonging life, and promoting public health, requires limitations on gatherings and the establishment of procedures to control the spread of COVID-19. This includes limiting the number, location, size, and type of gatherings, and requiring the use of mitigation measures at gatherings as a condition of hosting such gatherings.

On March 10, 2020, MDHHS identified the first two presumptive-positive cases of COVID-19 in Michigan. Since October 9, 2020, MDHHS has issued epidemic orders to control the spread of COVID-19 across the state. As of May 22, 2021, Michigan had seen 883,202 confirmed cases and 18,939 confirmed deaths attributable to COVID-19.

Positivity, case rates, hospitalizations and deaths are improving since the April peak. On May 22, the weekly average positivity has decreased to 6.8% and, on May 15, the seven-day average case rate for Michigan was 145 cases per million. As of May 22, there are 1,475 Michiganders hospitalized with COVID-19, and 8.0% of all available inpatient beds were occupied by patients who had COVID-19. The seven-day average daily death rate through May 15 is 4.8 deaths per million. This reduction in cases,

likely attributable to an increase in vaccinations and the return of warm weather, permit further cautious relaxation of the restrictions imposed via epidemic order.

Since December 11, 2020, the Food and Drug Administration has granted emergency use authorization to three vaccines to prevent COVID-19, providing a path to end the pandemic. As of May 20, 57.1% of Michigan residents 16 and older have received at least one dose of COVID-19 vaccine. And an increasing number and volume of therapeutics are available, such as monoclonal antibodies, which can help to reduce the severity of COVID-19 cases.

Even where COVID-19 does not result in death, and where Michigan's emergency and hospital systems are not heavily burdened, the disease can cause great harm. Recent estimates suggest that one in ten persons who suffer from COVID-19 will experience long-term symptoms, referred to as "long COVID." These symptoms, including fatigue, shortness of breath, joint pain, depression, and headache, can be disabling. They can last for months, and in some cases, arise unexpectedly in patients with few or no symptoms of COVID-19 at the time of diagnosis. A study published on April 6 in the medical journal *The Lancet* indicates that COVID-19 has been associated with a significantly increased risk of neurological and psychiatric disorders in the 6 months after a diagnosis. COVID-19 has also been shown to damage the heart and kidneys. Furthermore, racial and ethnic minority groups in Michigan have experienced a higher proportion of "long COVID." The best way to prevent these complications is to prevent transmission of COVID-19.

New and unexpected challenges continue to arise: in early December 2020, a variant of COVID-19 known as B.1.1.7 was detected in the United Kingdom. According to the CDC, this variant is roughly 50% more infectious than the original strain. On January 16, 2021, this variant was detected in Michigan. B.1.1.7 is currently the dominant strain of COVID-19 in Michigan and the United States. Michigan is second in the nation with respect to the number of B.1.1.7 variant cases detected. Michigan has also detected cases of variants B.1.351, P.1, and B.1.427/B.1.429, which experts continue to study and monitor closely. This further complicates the battle against COVID-19.

On May 13, 2021, the CDC released guidance indicating the fully vaccinated persons need not wear a mask in most settings, regardless of whether indoors or outdoors. CDC indicated that fully vaccinated persons are at low risk of experiencing symptomatic or severe COVID-19 infection, and pose a reduced risk of transmitting COVID-19 to others. Additionally, recent studies, including a study published in *The Journal of Infectious Diseases*, confirm that transmission of COVID-19 outdoors is exceedingly rare.

Considering the above, and upon the advice of scientific and medical experts, I have concluded pursuant to MCL 333.2253 that the COVID-19 pandemic continues to constitute an epidemic in Michigan. I have also, subject to the grant of authority in 2020 PA 238 (signed into law on October 22, 2020), herein defined the symptoms of COVID-19 based on the latest epidemiological evidence. I further conclude that control of the epidemic is necessary to protect the public health and that it is necessary to restrict gatherings and establish procedures to be followed during the epidemic to ensure the continuation of essential public health services and enforcement of health laws. As provided in MCL 333.2253, these emergency procedures are not limited to the Public Health Code.

1. **Definitions.**

- (a) "Camp" means a day, residential, travel, or troop camp for children (as defined by Rule 400.11101(1)(q) of the Michigan Administrative Code).
- (b) "Child care organization" means that term as defined by section 1(b) of the Child Care Organizations Act, 1973 PA 116, as amended, MCL 722.111(b).
- (c) "Competition" means a game of skill played between opposing teams.

- (d) “Establishment” means a business, store, office, government office, school, organized event, public transit service, or other public or private operation or facility where gatherings may occur. This term does not include residences.
- (e) “Employee” means that term as defined in section 2(c) of the Improved Workforce Opportunity Wage Act, 2018 PA 337, as amended, MCL 408.932(c), and also includes independent contractors.
- (f) “Face mask” means a tightly woven cloth or other multi-layer absorbent material that closely covers an individual’s mouth and nose.
- (g) “Food service establishment” means that term as defined in section 1107(t) of the Food Law, 2000 PA 92, as amended, MCL 289.1107(t).
- (h) “Fully vaccinated persons” means persons for whom at least two weeks has passed after receiving the final dose of an FDA-approved or authorized COVID-19 vaccine.
- (i) “Gathering” means any occurrence, either indoor or outdoor, where two or more persons from more than one household are present in a shared space.
- (j) “Household” means a group of persons living together in a shared dwelling with common kitchen or bathroom facilities.
- (k) “Indoors” means within a space that is fully or partially enclosed on the top, and fully or partially enclosed on two or more contiguous sides. Additionally, in a space that is fully or partially enclosed on the top, and fully or partially enclosed on two non-contiguous sides, any part of that space that is more than 8 feet from an open side is indoors.
- (l) “Outdoors” means a space that is not indoors.
- (m) “Organized sports” means competitive athletic activity requiring skill or physical prowess and organized by a sports organizer.
- (n) “Practice” means a training session for a game of skill, involving only members of a single team.
- (o) “Principal symptoms of COVID-19” means at least 1 of fever, uncontrolled cough, or atypical new onset of shortness of breath, or at least 2 of the following not explained by a known physical condition: loss of taste or smell, muscle aches, sore throat, severe headache, diarrhea, vomiting, or abdominal pain. Per section 1(j) of 2020 PA 339, this definition represents the latest medical guidance, and serves as the controlling definition.
- (p) “Sports organizer” means an association or other organization that sets and enforces rules to ensure the physical health and safety of all participants for an organized sport.

2. **Indoor gathering limitations for establishments.**

- (a) Indoor gatherings are permitted at establishments only if occupancy does not exceed the greater of:
 - (1) 50% of the limits established by the State Fire Marshal or a local fire marshal (or 30 persons per 1,000 square feet if no applicable fire marshal limit exists); or
 - (2) 25 persons.

no exemption for Public Bodies that have to follow OMA?

(b) **Section 2(a) does not apply to the following:**

- (1) **Workplace gatherings that occur consistent with the Emergency Rules issued by MIOSHA on October 14, 2020, and subsequently extended or replaced;**
 - (2) Voting or official election-related activities;
 - (3) Education and support services at public, nonpublic, and boarding schools, colleges, and universities;
 - (4) Children in a child care organization, after school program, or camp setting;
 - (5) Persons traveling on a school bus or public transit;
 - (6) Gatherings for the purpose of medical treatment, including mental health and substance use disorder support services;
 - (7) Residential care facilities, which are subject to the March 17, 2021, epidemic order entitled “Requirements for Residential Facilities,” or any replacement of that order;
 - (8) Gatherings for public health or other emergency purposes; and
 - (9) Homeless shelters or shelter programs for victims of domestic violence.
- (c) **Gatherings at establishments are prohibited unless establishments, hosts, organizers, and other persons responsible for gatherings ensure that the gatherings comply with the requirements of this order.**

3. Organized sports gathering restrictions.

- (a) Gatherings for the purpose of sports practice and competition involving persons ages 13 to 19 are prohibited unless all such persons comply with a testing program as specified in the MDHHS publication entitled “Interim Guidance for Athletics” issued May 24, 2021.
- (b) For gatherings where the sports organizer has determined that it would be unsafe for indoor sport participants to wear a mask, participants who are not fully vaccinated persons must be tested consistent with the MDHHS publication entitled “Interim Guidance for Athletics” issued May 24, 2021.

4. Indoor face mask requirement.

- (a) **Except as specified in section 5, all persons participating in indoor gatherings are required to wear a face mask.**
- (b) **A person responsible for an establishment, or an agent of such person, must prohibit gatherings at their establishment unless the person makes a good faith effort to ensure that all persons at their establishment (including employees) comply with section 4(a). For purposes of this section, a “good faith effort” may include any of the following:**
 - (1) posting a sign notifying people that wearing a mask is required unless a person falls into a specified exception;
 - (2) asking patrons not wearing masks whether they fall into a specified exception;
 - (3) requiring face masks of all patrons and employees; or

(4) any other policy designed to ensure compliance with section 4(a).

5. **Exceptions to face mask requirement.** The requirement to wear a face mask at indoor gatherings does not apply to individuals who:
- (a) **Are fully vaccinated persons;**
 - (b) Are younger than 2 years old;
 - (c) Cannot medically tolerate a face mask;
 - (d) Are eating or drinking;
 - (e) Are swimming;
 - (f) Are receiving a medical or personal care service for which removal of the face mask is necessary;
 - (g) Are asked to temporarily remove a face mask for identification purposes;
 - (h) Are communicating with someone who is deaf, deafblind, or hard of hearing and whose ability to see the mouth is essential to communication;
 - (i) Are actively engaged in a public safety role, including but not limited to law enforcement, firefighters, or emergency medical personnel, and where wearing a face mask would seriously interfere in the performance of their public safety responsibilities;
 - (j) Are engaging in a religious service;
 - (k) Are giving a speech for broadcast or to an audience, provided that the audience is at least 12 feet away from the speaker; or
 - (l) Are engaging in an activity that requires removal of a mask not listed in another part of this section, and are in a facility that provides ventilation that meets or exceeds 60 ft³/min of outdoor airflow per person.
 - (m) Are engaged in practice or competition where the wearing of a mask would be unsafe and are participating in a testing program specified in MDHHS's document entitled Guidance for Athletics issued May 24, 2021.

6. **Contact tracing requirements for particular gatherings.**

- (a) Gatherings are prohibited at indoor food service establishments unless the establishment maintains accurate records, including date and time of entry, names of patrons, and contact information, to aid with contact tracing;
- (b) Upon request establishments must provide names and phone numbers of individuals with possible COVID-19 exposure to MDHHS and local health departments to aid in contact tracing and case investigation efforts.
- (c) Data collected under this section:
 - (1) Must not be sold, or used for sales or marketing purposes without the express consent of each patron;
 - (2) Must be protected as confidential information to the fullest extent of the law;

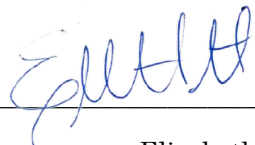
- (3) Must not be provided to law enforcement or immigration officials except upon receipt of a lawful subpoena from a court or other lawful court order;
- (4) Must be retained for 28 days by the collecting organization, after which time the data must be destroyed. If facilities use existing data to fulfill this requirement, they may instead follow their own data retention and destruction policies at the conclusion of the 28-day retention period.

7. Implementation.

- (a) Nothing in this order modifies, limits, or abridges protections provided by state or federal law for a person with a disability.
- (b) Under MCL 333.2235(1), local health departments are authorized to carry out and enforce the terms of this order.
- (c) Law enforcement officers, as defined in the Michigan Commission on Law Enforcement Standards Act, 1965 Public Act 203, MCL 28.602(f), are deemed to be “department representatives” for purposes of enforcing this order and are specifically authorized to investigate potential violations of this order. They may coordinate as necessary with the appropriate regulatory entity and enforce this order within their jurisdiction.
- (d) Neither a place of religious worship nor its owner is subject to penalty under this order for allowing religious worship at such place. No individual is subject to penalty under this order for engaging in religious worship at a place of religious worship.
- (e) Consistent with MCL 333.2261, each violation of this order is a misdemeanor punishable by imprisonment for not more than 6 months, or a fine of not more than \$200.00, or both.
- (f) Nothing in this order affects any prosecution or civil citation based on conduct that occurred before the effective date of this order.
- (g) Consistent with MCL 333.2262, violations of this order are punishable by a civil fine of up to \$1,000. If any provision of this order is found invalid by a court of competent jurisdiction, whether in whole or in part, such decision will not affect the validity of the remaining part of this order.
- (h) Nothing in this order should be taken to interfere with or infringe on the powers of the legislative and judicial branches to perform their constitutional duties or exercise their authority, or protections guaranteed by the state or federal constitution under these emergency circumstances.

This order takes effect on Tuesday, June 1, 2021, at 12:01 AM. At that time, the order entitled “Gatherings and Face Mask Order” issued on May 14, 2021, is rescinded. This order remains in effect through July 1, 2021, at 11:59 PM. Persons with suggestions and concerns are invited to submit their comments via email to COVID19@michigan.gov.

Date: May 24, 2021



Elizabeth Hertel, Director

Michigan Department of Health and Human Services

DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

GENERAL RULES

EMERGENCY RULES

CORONAVIRUS DISEASE 2019 (COVID-19)

Filed with the secretary of state on

These rules take effect upon filing with the secretary of state and shall remain in effect until October 14, 2021.

(By authority conferred on the director of the department of labor and economic opportunity by sections 19, 21, and 24 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1019, 408.1021, and 408.1024, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2008-4, 2011-4, and 2019-3, MCL 330.3101, 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

FINDING OF EMERGENCY

These rules are promulgated by the Director of the Michigan Department of Labor and Economic Opportunity to establish requirements for employers to control, prevent, and mitigate the spread of coronavirus disease 2019 (COVID-19) among employees. Based on the best available scientific evidence and public health guidance published by the U.S. Centers for Disease Control (CDC) and other public health authorities, COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). SARS-CoV-2 is easily transmitted through the air from person-to-person through respiratory aerosols. In addition to its contagious nature, COVID-19 is dangerous and deadly. As of May 11, 2021, the State of Michigan had a total of 867,341 confirmed cases and 18,338 deaths.

Work, by its nature, removes people from the confines and relative safety of their homes to interact with others who may be carrying the virus including coworkers, customers, patients, or the public at large. Employees who come into contact with others at work are at elevated risk of infection.

Since March 2020, employers have reported 61 worker deaths from COVID-19 in Michigan and 173 in-patient hospitalizations for COVID-19 potentially linked to workplace exposure to SARS-CoV-2. MIOSHA has received over 15,000 complaints from employees alleging uncontrolled COVID-19 hazards in the workplace and 580 referrals from local government, including local health departments, indicating that businesses were not taking all the necessary measures to protect their employees from SARS-CoV-2 infection.

May 21, 2021

To date, the Food and Drug Administration has granted emergency use authorization to three vaccines to prevent COVID-19, providing a path to end the pandemic. The State of Michigan is part of the largest mass vaccination effort in modern history and is presently working toward vaccinating at least 70% of its residents 16 and older as quickly as possible.

The Legislature has declared that “all employees shall be provided safe and healthful work environments free of recognized hazards.” MCL 408.1009. Employers must provide employees with “a place of employment that is free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to the employee.” MCL 408.1011(a). Nonetheless, Michigan’s experience with COVID-19 demonstrates that the disease can spread rapidly without protective measures and standards in place. Workplaces, where employees, customers, and members of the public congregate, pose a particular threat for COVID-19’s spread. **To mitigate and limit COVID-19’s spread in workplaces and to protect employees across Michigan, it is necessary to impose these rules and standards.**

Businesses must do their part to protect employees, their patrons, and their communities. Many businesses have already done so by implementing robust safeguards to prevent viral transmission. But we can and must do more: no one should feel unsafe at work. Pursuant to section 21(2) of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1021, I find that these emergency rules are necessary to protect employees during the ongoing COVID-19 pandemic.

Based on the best available scientific evidence and public health guidance available regarding the spread of COVID-19 in the workplace, I find that these emergency rules are necessary to protect employees. If the non-emergency rulemaking process specified in the administrative procedures act of 1969 (APA), 1969 PA 306, MCL 24.201 to 24.328, for the promulgation of rules was followed, employees across Michigan may be unnecessarily exposed to SARS-CoV-2 during the rule promulgation process. Further, existing MIOSHA rules do not directly address COVID-19’s spread in the workplace and employees are likely to experience an increased probability of infection at work until the protective measures in this rule are in place. Accordingly, following the non-emergency rulemaking process would undermine the effectiveness of Michigan’s emergency response to COVID-19, and expose Michigan workers to a higher risk of contracting the disease in their places of employment.

The Director, therefore, for the preservation of the public health, safety, and welfare, finds that a clear and convincing need exists for the promulgation of emergency rules as provided in section 48 of the APA, MCL 24.248, without following the notice and participation procedures required by sections 41 and 42 of the APA, MCL 24.241 and 24.242.

Rule 1. Scope and application.

These rules apply to all employers covered in the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1001 to 408.1094, for SARS-CoV-2 coronavirus and COVID-19.

Rule 1a. Application of other rules.

These emergency rules supersede the entirety of the emergency rules filed on October 14, 2020, and the extension of these emergency rules filed on April 13, 2021.

Rule 1b. Suspension of previous rule.

In the event these emergency rules issued on May 24, 2021 are deemed invalid by a court of competent jurisdiction, the previously filed rules will remain effective for the duration of the extension.

Rule 2. Definitions.

As used in these rules:

(a) “Close contact” means close contact as defined by the latest United States Centers for Disease Control and Prevention (CDC) guidelines at the time of contact.

(b) “COVID-19” means a viral respiratory illness characterized by symptoms defined by the CDC.

(c) “Known cases of COVID-19” means persons who have been confirmed through diagnostic testing to have COVID-19.

(d) “SARS-CoV-2” means the novel coronavirus identified as SARS-CoV-2 or a virus mutating from SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2), the virus which is the causative agent of COVID-19.

(e) “Suspected cases of COVID-19” means persons who have symptoms of COVID-19 but have not been confirmed through diagnostic testing or unvaccinated persons who have had close contact with a person who has been confirmed through diagnostic testing to have COVID-19.

(f) “Fully vaccinated persons” means persons for whom at least 2 weeks have passed after receiving the final dose of an FDA-approved or authorized COVID-19 vaccine.

Rule 3. COVID-19 preparedness and response plan for all employers.

(1) The employer shall develop and implement a written COVID-19 preparedness and response plan consistent with these rules and current guidance for COVID-19 from the CDC and the Occupational Health and Safety Administration (OSHA).

(2) The preparedness and response plan shall include the measures the employer will implement to prevent employee exposure, including any applicable:

- (a) Engineering controls.
- (b) Administrative controls.
- (c) Basic infection prevention measures.
- (d) Personal protective equipment.
- (e) Health surveillance.
- (f) Training.

(3) The employer shall make the preparedness and response plan readily available to employees and their representatives, whether via website, internal network, or by hard copy.

Rule 4. Basic infection prevention measures for all employers.

(1) The employer shall promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, the employer shall provide antiseptic hand sanitizers or alcohol-based hand towelettes containing at least 60 percent alcohol.

(2) The employer shall require workers who are experiencing symptoms of COVID-19 to not report to work or work in an isolated location.

(3) The employer shall increase facility cleaning and disinfection to limit exposure to SARS-CoV-2, in accordance with the latest CDC guidance.

(4) The employer shall use Environmental Protection Agency (EPA)-approved disinfectants that are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.

Rule 5. Health surveillance for all employers.

(1) The employer shall conduct a daily entry self-screening protocol for all employees or contractors entering the workplace, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19.

(2) The employer shall direct employees to promptly report any signs and symptoms of COVID-19 to the employer before or during the work shift.

(3) The employer shall physically isolate any employees known or suspected to have COVID-19 from the remainder of the workforce, using measures such as, but not limited to:

(a) Not allowing known or suspected cases to report to work.

(b) Sending known or suspected cases away from the workplace.

(c) Assigning known or suspected cases to work alone at a remote location (for example, their home), as their health allows.

(4) When an employer learns of an employee, visitor, or customer with a known case of COVID-19, the employer shall, within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a known case of COVID-19.

(5) The employer shall allow employees with a known or suspected case of COVID-19 to return to the workplace only after they are no longer infectious according to the latest guidelines from the CDC.

Rule 6. Workplace controls for all employers.

(1) The employer shall designate 1 or more worksite COVID-19 safety coordinators to implement, monitor, and report on the COVID-19 control strategies developed under these rules.

(2) The employer shall ensure that any employees, except fully vaccinated persons, remain at least 6 feet from one another to the maximum extent feasible while on worksite premises.

(3) The employer shall provide non-medical grade face coverings to their employees at no cost to the employee. Employers are not required to provide non-medical grade face coverings to fully vaccinated persons.

(4) The employer shall require any employee, except fully vaccinated persons, to wear face coverings when employees cannot consistently maintain 6 feet of separation from other individuals indoors in the workplace. However, fully vaccinated persons must continue to wear face coverings when in the healthcare setting where patients may be present and when using airplane or public transportation if required by the latest CDC guidance.

(5) Compliance with subrules (2) and (4) of this rule may be accomplished in a manner deemed effective for the place of employment. This may include:

(a) Keeping records of whether employees are fully vaccinated persons, and exempting them from subrules (2) and (4) of this rule accordingly.

(b) Posting signs in the work area reminding employees that are not fully vaccinated to wear face coverings and maintain appropriate distancing.

(c) Allowing or requiring remote work.

(d) Requiring face coverings and social distancing for all employees regardless of vaccination status.

Rule 7. Training requirements for all employers.

(1) The employer shall provide training to employees on SARS-CoV-2 and COVID-19.

(2) The employer shall provide any communication and training on COVID-19 infection control practices in the primary languages common in the employee population.

(3) The training shall cover all of the following:

(a) Workplace infection-control practices, including information on vaccinations available for COVID-19.

(b) The proper use of personal protective equipment.

(c) Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.

(d) How to report unsafe working conditions.

(4) The employer shall provide updated training if it changes its preparedness and response plan, or new information becomes available about the transmission of SARS-CoV-2 or diagnosis of COVID-19.

Rule 8. Recordkeeping requirements for all employers.

(1) Employers must maintain a record of the following requirements:

(a) Training. The employer shall maintain a record of all COVID-19 employee training.

(b) Health screening protocols. The employer shall maintain a record of health screening for each non-vaccinated employee or contractor entering the workplace.

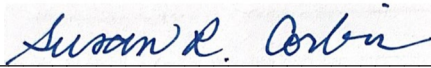
(c) If proceeding under Rule 6(5)(a), vaccination information sufficient for implementation

(d) Records of required notifications. The employer shall maintain a record of each notification required by Rule 5 of these rules.

(2) Employers must maintain records for 6 months from time of generation.


DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

05/21/2021
Date


Susan Corbin
Acting Director

Pursuant to Section 48(1) of the administrative procedures act of 1969, 1969 PA 306, MCL 24.248(1), I hereby concur in the finding of the Department of Labor and Economic Opportunity that circumstances creating an emergency have occurred and the public interest requires the promulgation of the above rules.

5/23/2021
Date


Honorable Gretchen Whitmer
Governor