

COVID-19 Preparedness and Response Plan

The purpose of this plan is to provide basic steps to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19. This plan provides specific recommendations for employers and workers based on the May 13, 2021 CDC Interim Public Health Recommendations for Fully Vaccinated People and the May 24, 2021 MIOSHA COVID-19 Emergency Rules as amended.

General

The following COVID-19 Preparedness & Response Plan has been established for Ferris State University in accordance with the requirements in the most recent MIOSHA Emergency Rules, "Coronavirus Disease 2019," and all requirements therein signed by Gov. Whitmer.

This information will be available at <https://www.ferris.edu/coronavirus>. The purpose of this program is to minimize or eliminate employee exposure to COVID-19. This plan applies to all faculty, staff and student employees at all University locations. A copy of this plan shall be provided to employees upon request. Refer to the [Coronavirus Updates Hub webpage](#) for additional information.

The members of the University Re-entry Committee are identified as the COVID-19 Workplace Safety Coordinators. The role of this committee is to implement, monitor and report on the COVID-19 control strategies under the MIOSHA emergency rule. Deans, department heads, program chairs, directors and supervisors shall cooperate with the Committee in the implementation of these control strategies and this plan.

Engineering Controls

The University has implemented feasible engineering controls to prevent employee exposure to COVID-19. 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 COVID-19 include:

- Installing physical barriers, such as clear plastic sneeze guards.
- Installing a drive-through window for customer service.
- Evaluation of HVAC system capabilities
 - Increasing ventilation rates
 - Providing 24/7 ventilation
 - Utilizing MERV 9 and 13 air filters where possible
 - Installation of portable HEPA air filtration units where HVAC cannot be adjusted
 - Limiting building occupancy based on outdoor air delivery
- Faculty and staff information: <https://www.ferris.edu/HTMLS/news/coronavirus/covid-19-info-for-faculty-staff.htm>

Engineering controls are chosen, installed, maintained and serviced for effectiveness as often as required. Employers should monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information.

It is highly recommended that employees frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov.

The following engineering controls have been implemented. (Example: specify the engineering control for each of the positions/job/task listed in the exposure determination, and how each engineering control is intended to function to prevent the spread of COVID-19.)

Positions/job/task	Engineering Control
Administrative Offices	No additional controls
Customer/Student Service Areas	Sneeze guards
General Building	HVAC system evaluation, filter upgrades and outdoor air-based occupancy
Workspaces where HVAC adjustments are not possible	Portable HEPA air filtration units
In-person Faculty	Presentation - rolling barriers

Administrative Controls

Fully vaccinated people are not required to wear face coverings or required to maintain 6ft social distancing as of May 25, 2021 unless amended.

Administrative controls are workplace policies, procedures, and practices that minimize or eliminate employee exposure to the hazard. Administrative controls are chosen, implemented, and maintained in order to minimize or eliminate employee exposure to COVID-19.

Examples of administrative controls for COVID-19:

- Consider offering face masks to employees and customers to contain respiratory secretions until they are able to 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. See CDC/NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.
- Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.
- Where appropriate, limit customers' and the public's access to the worksite or restrict access to only certain workplace areas.
- Consider strategies to minimize face-to-face contact (e.g., drive-through windows, phone-based communication, telework).
- Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).

The following administrative controls have been established.

Positions/job/task	Administrative Control Type (workplace distancing, remote work, notifying customers)
Faculty, Staff and Student Employees	Complete the daily symptom checker prior to entering the workplace
Unvaccinated Faculty, Staff and Student Employees	Maintain 6 feet of physical distance from others, wear a cloth face covering when physical distancing is not possible.
Faculty, Staff and Student Employees	Provide COVID-19 Vaccinations status as requested.
Faculty, Staff and Student Employees	Notify of potential workplace exposures to known COVID-19 infected persons
Patient Clinics – Healthcare settings*	Where patients may be present wear face coverings. Implement MDHHS guidance for healthcare.
Airplane & public transportation	Wear face coverings

**All faculty, staff and student employees in healthcare settings are required to wear face coverings, regardless of vaccination status, where patients may be present. Healthcare clinics will develop and implement clinic-specific rules based on the latest CDC and MDHHS guidance. Each clinic will make these rules available for review by anyone entering the clinic.*

Hand Hygiene & Disinfection of Environmental Surfaces

Adequate handwashing facilities are available in the workplace and regular handwashing is required. The frequency of such handwashing will be determined in part by factors such as when and how often the employee's hands are potentially exposed to COVID-19. When the provision of handwashing facilities is not feasible, the employer shall provide employees with antiseptic hand sanitizers or towelettes.

Environmental surfaces in the workplace are cleaned and disinfected based on the latest CDC guidance. The frequency of such disinfection will be determined in part by factors such as when and how often the environmental surfaces are potentially exposed to COVID-19. When choosing cleaning chemicals, consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. The manufacturer's instructions for use of all cleaning and disinfection products will be strictly adhered to.

The following is a list of environmental surfaces, methods used to disinfect, and the frequency of such disinfection:

Surface	Method/Disinfectant Used	Schedule/Frequency
Hard surfaces	Spray and wipe disinfectant and then re-apply spray disinfectant and leave to dry - Virex 256, Spartan CDC-10, & Ecolution	Daily
Sensitive surfaces	Apply disinfectant with a disposable cloth/wipe soaked in disinfectant-Virex 256, Spartan CDC-10, & Ecolution	Daily

General surfaces	Electrostatic spray-Virex 256, Spartan CDC-10, & Ecolution	Daily
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Personal Protective Equipment (PPE)

The University will provide employees with personal protective equipment for protection from COVID-19 appropriate to the exposure risk associated with the job following the CDC and OSHA guidance applicable to the industry and types of jobs at the workplace.

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.
- Require masks to be worn when unvaccinated workers cannot consistently maintain six feet of separation from other individuals in the workplace.

The following type(s) of PPE has been selected for use:

Positions/job/task	PPE
Unvaccinated Faculty, Staff and Student Employees	Cloth face covering

Health Surveillance

The University has implemented a screening protocol to identify known or suspected cases of COVID-19 among employees and isolate them from the remainder of the workforce. Health surveillance provisions are performed as required.

At the beginning of each day or at the start of each work shift, all faculty, staff and student employees will complete a COVID-19 symptom survey. Faculty, staff and student employees are directed to promptly report any signs and symptoms of COVID-19 to [Human Resources](#) before and during the work shift and have provided employees with instructions for how to make such a report to the employer.

The specific instructions for employee reporting of COVID-19 signs and symptoms are as follows:

- Encourage those who are sick or caring for someone who is sick, to stay home.
- Verify self-check was completed
- Complete the required daily COVID-19 [Symptom Checker](#)
- Employees who have tested positive for COVID-19 need to report this information to the [COVID-19 Portal](#)
- Employees with symptoms (or positive tests) should stay home or be sent home and Human Resources contacted.

The University will physically isolate any employees with known or suspected COVID-19 from the remainder of the workforce, using measures such as, but are not limited to:

- a) Not allowing known or suspected cases to report to or remain at their work location.
- b) Sending known or suspected cases to a location (for example, home) where they are self-isolating during their illness.

- c) Assigning known or suspected cases to work alone at the location where they are self-isolating during their illness.

Training

COVID-19 training is provided to inform faculty, staff and student employees of the requirements and updates of this plan as necessary. Online training and University Wide Notices will be used for training and updates.

Online [training access instructions](#).

Online Training Titles

- COVID-19 Workplace Guidelines

Train workers on, at a minimum:

- A. Workplace infection control methods including vaccination availability.
- B. Proper use of PPE.
- C. Steps faculty, staff and student employees must take to notify the University of symptoms or suspected or confirmed diagnosis of COVID-19.
- D. How to report unsafe working conditions.

NOTE: It is recommended that records of employee training be maintained that at a minimum document the name(s) of employee(s) trained, date of training, name of trainer, and content of the training.

Recordkeeping

Recordkeeping will include those records specified in the most recent MIOSHA Emergency Rule.

The following records are required to be maintained for six months:

1. Required training.
2. A record of 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.
3. When an employee is identified with a confirmed case of COVID-19.

Updated and Reviewed: May 26, 2021