

EMERGENT

HEALTH PARTNERS

MIOSHA COVID-19 2020

Safety Plan & Workplace Guidelines

Version 1.0

Actively Updating

CONTENTS

MIOSHA – Michigan Occupational Safety and Health Administration	4
COVID-19 Preparedness & Response Plan	4
Material Data Safety Sheet	9
Employee COVID-19 Symptoms Procedure	11
Fatality Procedures Manual	15
Michigan Occupational Safety and Health (MIOSHA) Act, MCL 408.1001 P.A 154 of 1974	16
Field Operations Manual (FOM).....	18
Occupational Safety and Health Administration (OSHA), Guidance on Preparing Workplaces for COVID-19....	19
OSHA – Occupational Safety and Health Administration Code Federal Regulations (CFR)	20
General Industry Safety and Health Standard Part 33. R 408.13301 Personal Protective Equipment	20
Respiratory Protection Plan - 29 CFR 1910.134.....	22
General Industry Safety and Health Standard Part 474. R 325.47401 1910.141 Sanitation	23
Temporary Enforcement, Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic, April 16, 2020.	24
Temporary Enforcement, Revised Enforcement Guidance for recording Cases of Coronavirus Disease 2019 (COVID-19), May 19, 2020.....	25
Temporary Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19), May 19, 2020.....	26
Temporary Enforcement, Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19), May 19, 2020.....	27
Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic, April 8, 2020	28
Temporary Enforcement Guidance for Use of respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic, April 8, 2020 	29
Temporary Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic, April 8, 2020.....	30
Temporary Enforcement for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic, April 3, 2020.	31
Governor Gretchen Whitmer, Executive Orders (COVID-19), Mich. Exec. Order No. 04 (2020).....	32
EHP Guidelines and Procedures	33
Ambulance Operations.....	33
COVID-19 Screening and Personal Protective Equipment Procedure	33
COVID-19 Translation Guide	34

Ambulance Airflow – COVID-19 Transports	35
Infectious Control Policies and Procedures	36
Hazard Communications	54
Human Resources and COVID-19 Reporting	55
Health Surveillance & Exposures	55
Training and Education.....	59
COVID-19 Classroom Guidelines	59
COVID-19 Educational Awareness Guide	60
COVID-19 Operations Training Video	61
COVID-19 Operations Training Video – Donning/Doffing Reuse PPE	61
Mobility Transportation Services.....	62
Seating Diagrams.....	63
Appendix.....	66
Respiratory Protection plan - 1910.134	67
Emergent Health Partners Room Occupancy and Social Distancing Spreadsheet	71
Ann Arbor	71
Plymouth	71
Jackson.....	71
Life Care	71
Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) May 19, 2020.	72
Emergent Health Partners (EHP) acknowledges and is actively following the memorandum for OSHA Enforcement Memos, webpage as amended	73
Emergent Health Partners (EHP) acknowledges and is actively following the memorandum for the US Centers for Disease Control and Prevention (CDC), COronavirus Disease 2019 (COVID-19), as amended	74
MDHHS – Dispatch Screening Guidelines for COVID-19.....	75
MDHHS – Personal Protection During Treatment of Patients at Risk for Coronavirus Disease and Decontamination of Personal Protective Equipment.....	76
AE-01 Station Rules and Regulations	77
AI-10 Disposal of Infectious Waste (Sharps).....	78
AI-11 Disposal of Infectious Waste (Non-Sharps).....	79
AI-12 Disposal of Regulated Biohazard Waste Container	80
AI-19 Specific Infection Control Procedures for Cleaning of Ambulance and Equipment.....	81
AI-20 Employee Training	82

AO-03 Written Hazard Communications83
Annul Fit Testing and User Seal - 1910.134 App84
N95 Fit Testing I-Form85
Employee Notifications86

COVID-19 Preparedness & Response Plan

The EOs, OSHA guidance, and CDC guidance for COVID-19 have general safeguards applicable for all workplaces and specific safeguards for certain industries. Brian Walls (Safety Officer) has read these guidance documents carefully, found the safeguards appropriate to Emergent Health Partners based on its type of business or operation, and has incorporated those safeguards into this COVID-19 preparedness and response plan.

As the COVID-19 situation evolves, the EOs and CDC guidance are periodically updated. Brian Walls (Safety Officer) will be responsible for visiting the EO webpage and CDC guidance webpage regularly (for example, weekly) for the latest information and for revising the plan as necessary. [Click here for the EOs](#). [Click here for the CDC guidance documents](#). This plan reflects the EOs and CDC guidance as of 09/14/20.

Emergent Health Partners has designated one or more worksites supervisors to implement, monitor, and report on the COVID-19 control strategies developed in this plan. The worksite supervisor(s) will be the divisional on-duty operations road supervisor or the company Safety Officer. The supervisor will always remain on-site when employees are present on site.

The plan will be made readily available to employees and *labor unions*. *The plan will be made available via Emergent Health Partners staff intranet webpage.*

Exposure Determination

Emergent Health Partners has evaluated routine and reasonably anticipated tasks and procedures for all employees to determine whether there is actual or reasonably anticipated employee exposure to SARS-CoV-2. Brian Walls (Safety Officer) was responsible for the exposure determination.

Emergent Health Partners has determined that its employees' jobs fall into the lower exposure, medium exposure, and high-risk categories as defined by the OSHA Guidance on Preparing Workplaces for COVID-19:

■ **Lower Exposure Risk Jobs**. These jobs do not require contact with known or suspected cases of COVID-19 nor frequent close contact (for example, within six feet) with the general public. Workers in this category have minimal occupational contact with the public and other coworkers. Examples are small offices, small manufacturing plants (less than 10 employees), small construction operations (less than 10 employees), and low-volume retail establishments, provided employees have infrequent close contact with coworkers and the public.

■ **Medium Exposure Risk Jobs**. These jobs are those that require frequent or close contact (for example, within six feet) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. Examples are most jobs at manufacturing plants, construction sites, schools, high-volume retail settings, and other high-population-density work environments.

■ **High Exposure Risk Jobs.** These jobs have a high potential exposure risk to either a known or suspected source of COVID-19. These could include (but are not limited to), licensed health care providers, medical first responders, nursing home employees, law enforcement, correctional officers, or mortuary workers.

■ **Very High Exposure Risk Jobs.** These jobs have a very high potential exposure risk to either a known or suspected source of COVID-19. These could include (but are not limited to), healthcare, laboratory, morgue employees during specific procedures.

Brian Walls (Safety Officer) has verified that Emergent Health Partners has high risk exposure jobs. High exposure risk jobs have high potential for exposure to known and suspected cases of COVID-19. Examples are most jobs in healthcare, medical transport, nursing homes and residential care facilities, mortuaries, law enforcement, and correctional facilities.

Emergent Health Partners has categorized its jobs as follows:

Job/Task	Exposure Risk Determination (Lower or Medium)	Qualifying Factors (For Example, No Public Contact, Public Contact)
EMS/MTS Road	High Risk	Frequent or close contact with people who are not known, suspected, or confirmed COVID-19.
Education	Medium Risk	Contact with first responders
Resupply	Medium Risk	Contact with first responders, their supplies, and vehicles
Mechanics	Medium Risk	Contact with first responders and their vehicles
Office/Admin/Executive	Low Risk	No contact
Dispatch	Low Risk	No contact

Engineering Controls

Emergent Health Partners has implemented feasible engineering controls to minimize or eliminate employee exposure to SARS-CoV-2. Engineering controls involve isolating employees from work-related hazards using ventilation and other engineered solutions. 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.

For lower exposure risk jobs, new engineering controls are not required. For medium exposure risk jobs, engineering controls can include:

- Installing physical barriers (such as clear plastic sneeze guards) between coworkers or between workers and customers.
- Installing a drive-through window for customer service.
- Increasing the amount of ventilation in the building.
- Increasing the amount of fresh outdoor air that is introduced into the building.

Emergent Health Partners will be responsible for seeing that the correct engineering controls are chosen, installed, maintained for effectiveness, and serviced when necessary.

The following engineering controls have been implemented:

Job/Task	Engineering Control
MTS Road Crew	<ul style="list-style-type: none">▪ Plexiglass barriers are present between patients and crew where the 6-foot minimum distance cannot be maintained.
EMS Ambulance	<ul style="list-style-type: none">▪ Positive pressure driver compartment▪ Negative pressure patient compartment▪ Sealed off patient and driver compartments▪ MERV-13 patient compartment filtration changed every 3 months (NOTE) these will be switched over to MERV-15 with annual replacements once the MERV-13 supply is gone

Administrative Controls

Administrative controls are workplace policies, procedures, and practices that minimize or eliminate employee exposure to the hazard. Mary-Ann Voss (HR Director), Deana Powell (HR Director), Dianne Caswell (Executive Asst.), The Heaney Group (Occupational Health and Infection Prevention Team), and Brian Walls (Safety Officer) will be responsible for seeing that the correct administrative controls are chosen, implemented and maintained for effectiveness.

The following administrative controls have been established for Emergent Health Partners.

Job/Task	Administrative Control (For Example, Workplace Distancing, Remote Work, Notifying Customers)
All employees	Maintain at least six feet from everyone on the worksite. View EHP room occupancy document.
	Use ground markings, signs, and physical barriers to prompt employees to remain six feet from others.
	Promote remote work (telecommuting) to the fullest extent possible.
	Promote flexible work hours (staggered shifts) to minimize the number of employees in the facility at one time.
	Establish alternating days or extra shifts to reduce the total number of employees in the facility at a given time.
	Restrict face-to-face meetings. Communicate with others through phone, email, teleconferencing, and web conferencing.
	Minimize the sharing of tools, equipment, and items.
	Provide employees with face coverings.
	Require employees to wear cloth face coverings when they cannot consistently maintain six feet of separation from other individuals in the workplace.
	Require visitors and the public to wear cloth face coverings.

	Keep visitors informed about symptoms of COVID-19 and ask sick visitors to stay at home until healthy again.
	Provide the public with tissues and trash receptacles.
	Encourage proper cough and sneeze etiquette by employees, including covering coughs and sneezes and coughing and sneezing in one's elbows rather than hands.
	Ensure that sick leave policies are flexible and consistent with public health guidance, so employees do not go to work sick.
	Maintain flexible policies that permit employees to stay home to care for a sick family member.

Hand Hygiene

Richard White (Fleet/Facilities Manager) will be responsible for seeing that adequate handwashing facilities are available in the workplace and that regular handwashing is required. Frequency of such handwashing will be determined in part by factors such as when and how often the employees' hands are potentially exposed to SARS-CoV-2. When handwashing facilities are not available, Emergent Health Partners shall provide employees with antiseptic hand sanitizers or towelettes. Emergent Health Partners will provide time for employees to wash hands frequently and to use hand sanitizer.

Disinfection of Environmental Surfaces

Emergent Health Partners will increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (for example, door handles), paying special attention to parts, products, and shared equipment (for example tools, machinery, vehicles). Emergent Health Partners will make cleaning supplies available to employees upon entry and at the worksite.

Richard White (Fleet/Facilities Manager), Brian Walls (Safety Officers), divisional Vice Presidents, on-duty operational road supervisors, and on-duty employees will be responsible for seeing that environmental surface in the workplace are cleaned and disinfected. Frequency of such disinfection will be determined in part by factors such as when and how often the environmental surfaces are potentially exposed to SARS-CoV-2. When choosing cleaning chemicals, Emergent Health Partners will 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 SARS-CoV-2 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.

MATERIAL DATA SAFETY SHEET

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

Surface	Method/Disinfectant Used	EPA #	Schedule/Frequency
Offices	Sidekick Disinfecting Wipes	70144-2-92728	After every use
Restrooms	Sidekick Disinfecting Wipes	70144-2-92728	After every use
Ambulances	Sidekick Disinfecting Wipes	70144-2-92728	After every use
	Cintas Neutral Disinfectant	10324-171-70627	After every use
MTS Vehicles	Sidekick Disinfecting Wipes	70144-2-92728	After every use
Pool Vehicles	Sidekick Disinfecting Wipes	70144-2-92728	After every use

Emergent Health Partners will perform enhanced cleaning and disinfection after persons confirmed to have COVID-19 have been in a work area. In the interim, that work area will be temporarily closed, and employees will be sent home or relocated. Brian Walls (Safety Officer) will be responsible for developing procedures that will be in place and available for on-duty road supervisors to ensure that this procedure is followed.

The following methods will be used for enhanced cleaning and disinfection:

Ultraviolet Irradiation	544 microwatts/sqcm 6.2 s for full destruction	Weekly or as needed
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Personal Protective Equipment (PPE)

Emergent Health Partners will provide employees with personal protective equipment for protection from SARS-CoV-2 appropriate to the exposure risk associated with the job. The PPE policy will follow the CDC and OSHA guidance applicable to the industry and types of jobs at the workplace, and it will be in accordance with latest EOs.

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.
- 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.

Emergent Health Partners will provide non-medical grade face coverings (cloth face coverings) to employees. (Cloth face coverings are technically not considered PPE). Emergent Health Partners will require employees to wear face coverings when they cannot consistently maintain six feet of separation from other individuals in the workplace. Emergent Health Partners will consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.

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

Job/Task	PPE
EMS/MTS Road Crew	Respirator (N95) with patients
	Eye protection (face shield or goggles)
	Gloves
	Gown
	Headcovers (optional)
All employees	Face coverings (ear-looped surgical masks) when N95 respirators are not required

Health Surveillance

Emergent Health Partners 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. Deana Powell (HR Director), EHP's occupational health and infection prevent provider The Heaney Group, and Brian Walls (Safety Officer) will be responsible for ensuring that all required health surveillance provisions are performed.

As workers enter the place of employment at the start of each work shift, Emergent Health Partners will have employees self-screen for COVID-19. Emergent Health Partners will have employees complete a questionnaire covering the signs and symptoms of COVID-19 and their exposure to people with suspected or confirmed COVID-19. When obtainable, a no-touch thermometer will be used for temperature screening of employees. Emergent Health Partners will similarly screen contractors, suppliers, and any other individuals entering the worksite.

Employees have been directed to promptly report any signs and symptoms of COVID-19 to their immediate supervisor before and during the work shift. Emergent Health Partners has provided employees with instructions for how to make such a report to the employer.

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

EMPLOYEE COVID-19 SYMPTOMS PROCEDURE

When an employee has COVID-like symptoms:

If an employee calls you and presents with one of these symptoms:

- *Fever or chills greater than 100°*
- *Shortness of breath or difficulty breathing*

And/or two of any of the symptoms listed below:

- *Cough*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*

- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The employee should be taken off work and they must submit an Employee Self-injury/illness iForm. The supervisor will need to complete the administrative questions. The employee should also not attend classes during this time.

What Happens Next?

1. The iForm will go to Deana Powell and Dianne Caswell, as backup.

2. Deana will notify Trish Klamert at The Heaney Group. Trish will contact the employee and arrange for the employee to get tested at the recommended facility based on test turnaround time. The employee has the option however, to obtain their own testing.

3. Deana will send the employee an email that explains the process to follow so that they can get paid. Even if the employee contacts their supervisor directly, **it is very important** that the results are sent to Deana for recordkeeping and other purposes.

- **When the results come back negative** - Deana sends an email to the employee's supervisor group so they know that the employee is available for work. If the employee has indicated that they have already talked to their supervisor, or the supervisor has already told Deana that they are aware of the results, an email will not be sent.
- **When the results are positive** - Deana notifies the employee's partner(s) who they have worked with within the past 10 days to let them know that they have potentially been exposed. The stations, ambulances etc., should have already been deconned.

Who to call for COVID exposures:

Supervisors should not be contacting the Trish Klamert directly! This is done by Deana Powell. Having more than one contact can cause unnecessary delays and can also cost the company more in The Heaney Group charges, since we pay for each call.

If you have a COVID related question regarding an employee, please contact one of the following people in the order listed:

Deana Powell - Main contact for the employee & the Heaney Group

Dianne Caswell - Backup Person

Brian Walls (Other COVID questions and decontamination procedures)

Who to call for employee exposures (other than COVID):

1). Call the EHP Communications Center and request an **EVERBRIDGE** message be sent to Trish Klamert. Be sure and leave your contact information for the return call.

2). The **EVERBRIDGE** message will automatically go to the contact numbers simultaneously for Trish Klamert and Dr. Deborah Heaney.

3) If you have not received a response in 20 minutes, call Dr. Heaneys' cell phone directly (734) 904-3200.

Emergent Health Partners 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:

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

Emergent Health Partners will not discharge, discipline, or otherwise retaliate against employees who stay at home or who leave work when they are at particular risk of infecting others with COVID-19.

When an employee is identified with a confirmed case of COVID-19, Emergent Health Partners Human Resources (HR) department and EHP's infection prevention and occupational health provider The Heaney Group will collaboratively notify the local public health department immediately, and any co-workers, contractors, or suppliers who may have come into contact with the person who is the confirmed case of COVID-19, within 24 hours. When notifying coworkers, contractors, and suppliers, Emergent Health Partners will not reveal the name or identity of the confirmed case. Emergent Health Partners will allow employees with a confirmed 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.

Training

Brian Walls (Safety Officer), Shan Pochik (Education Director), and all educators shall coordinate SARS-CoV-2 training and ensure compliance with all training requirements.

Emergent Health Partners will train workers on, at a minimum:

1. Routes by which the virus causing COVID-19 is transmitted from person to person.
 - a. Center for Disease Control and local Medical Control Authority COVID-19 signs and symptoms literature has been disseminated to the road crews via the following:
 - i. Memos
 - ii. Posts
 - iii. Television notices
 - iv. Leadership updates

- v. Staff intranet website
 - vi. References to the CDC and MCA websites
- 2. Distance that the virus can travel in the air, as well as the time it remains viable in the air and on environmental surfaces.
 - a. Memos
 - b. Posts
 - c. Television notices
 - d. Leadership updates
 - e. Staff intranet website
 - f. References to the CDC and MCA websites
- 3. Symptoms of COVID-19.
 - a. Memos
 - b. Posts
 - c. Television notices
 - d. Leadership updates
 - e. Staff intranet website
 - f. References to the CDC and MCA websites
- 4. Workplace infection-control practices.
 - a. Memos
 - b. Posts
 - c. Television notices
 - d. Leadership updates
 - e. Staff intranet website
 - f. References to the CDC and MCA websites
 - g. Hands-on-training
 - h. Online video training
- 5. [The proper use of PPE, including the steps for putting it on and taking it off.](#)
 - a. Memos
 - b. Posts
 - c. Television notices
 - d. Leadership updates
 - e. Staff intranet website
 - f. References to the CDC and MCA websites
 - g. Hands-on-training
 - h. Online video training
- 6. Steps the worker must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
 - a. [Reference the Employee COVID-19 Symptom Procedure](#)
 - b. [Reference the Human Resources Injury/Illness I-Form](#)
- 7. How to report unsafe working conditions.
 - a. Report to your immediate supervisor, Operations Manager, Safety Officer, and or Vice President of your division.

Emergent Health Partners shall create a record of the training. The record will list the names of the employees trained, the training date, name of trainer, and content of training.

Recordkeeping

Emergent Health Partners will maintain the following records as they relate to the COVID-19 preparedness and response plan:

1. Training records.
2. Education and Vairkko
3. A record of daily entry self-screening results for all employees or contractors entering the workplace, including a questionnaire covering signs and symptoms of COVID-19 and exposure to people with suspected or confirmed COVID-19.
 - a. Human Resources
 - b. Safety Officer
4. When an employee is identified with a confirmed case of COVID-19, record when the local public health department was notified; as well as any co-workers, contractors, or suppliers who may have come into contact with the person who was the confirmed case of COVID-19.
 - a. Human Resources

Emergent Health Partners will ensure that the records are kept.

FATALITY PROCEDURES MANUAL



DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
DIRECTOR'S OFFICE
MIOSHA SAFETY AND HEALTH STANDARD

Filed with the Secretary of State on February 25, 1976 (as amended May 7, 1979)
(as amended November 15, 1983) (as amended December 17, 1986) (as amended June 6, 2000)
(as amended December 12, 2001) (as amended November 25, 2002) (as amended May 20, 2015)
(as amended November 10, 2016) (as amended September 12, 2019)

These rules become effective September 19, 2019

(By authority conferred on the department of labor and economic opportunity by section 69 of the Michigan occupational safety and health act, 1974 PA 154, MCL 408.1069, and Executive Reorganization Order Nos. 1996-2, 2003-1, 2008-4, 2011-4, 2019-3, MCL 445.2001, 445.2011, 445.2025, 445.2030, and 125.1998)

R 408.22141 and R 408.22141a of the Michigan Administrative Code are amended as follows:

MIOSHA SAFETY AND HEALTH STANDARD
PART 11. RECORDING AND REPORTING OF OCCUPATIONAL INJURIES
AND ILLNESSES

Table of Contents:

R 408.22101 Scope.....	2	R 408.22114 Recording criteria for cases involving medical removal under MIOSHA standards.....	14
R 408.22102 Intent.....	2	R 408.22115 Recording criteria for cases involving occupational hearing loss, after January 1, 2003....	15
R 408.22102a Adopted and referenced standards.....	2	R 408.22117 Recording criteria for work-related tuberculosis cases.....	15
R 408.22103 Exceptions; applicability; petitions.....	3	R 408.22118 Falsification, or failure to keep records or reports.....	16
R 408.22104 Definitions; A to D.....	4	R 408.22119 Record keeping on federal OSHA forms.....	16
R 408.22105 Definitions; E, F.....	4	R 408.22129 Forms.....	16
R 408.22106 Definitions; H to M.....	5	R 408.22130 Multiple business establishments.....	17
R 408.22107 Definitions; O to Y.....	5	R 408.22131 Covered employees.....	17
R 408.22109 Recording criteria.....	6	R 408.22132 Annual summary.....	18
DETERMINATION OF WORK-RELATEDNESS	7	R 408.22133 Retention and updating.....	18
R 408.22110 Basic requirement.....	7	R 408.22134 Change in business ownership.....	19
R 408.22110a Implementation.....	7	R 408.22135 Employee involvement.....	19
R 408.22110b How to handle unusual cases.....	9	R 408.22136 Prohibition against discrimination.....	20
R 408.22111 Determination of new cases.....	10	R 408.22138 Private sector variances from recordkeeping rule.....	20
GENERAL RECORDING CRITERIA	10	R 408.22139 Reporting fatalities, hospitalizations, amputations, and losses of an eye as result of work-related incidents to MIOSHA.....	21
R 408.22112 Basic requirement.....	10	R 408.22140 Providing records to government representatives.....	22
R 408.22112a Implementation.....	10	ELECTRONIC SUBMISSION OF INJURY AND ILLNESS RECORDS TO OSHA	23
R 408.22112b Record work-related injury or illness that results in days away from work.....	11	R 408.22141 Basic requirement.....	23
R 408.22112c Record work-related injury or illness that results in restricted work or job transfer.....	12	R 408.22141a Implementation.....	23
R 408.22112d Recording injury or illness that involves medical treatment beyond first-aid.....	13	R 408.22141b Reporting dates.....	24
R 408.22112e Record of work-related injury or illness case involving loss of consciousness recordable....	13		
R 408.22112f "Significant" diagnosed injury or illness that is recordable.....	14		
R 408.22113 Recording criteria for needlestick and sharps injuries.....	14		

MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ACT
Act 154 of 1974

AN ACT to prescribe and regulate working conditions; to prescribe the duties of employers and employees as to places and conditions of employment; to create certain boards, commissions, committees, and divisions relative to occupational and construction health and safety; to prescribe their powers and duties and powers and duties of the department of labor and department of public health; to prescribe certain powers and duties of the directors of the departments of labor, public health, and agriculture; to impose an annual levy to provide revenue for the safety education and training division; to provide remedies and penalties; to repeal certain acts and parts of acts; and to repeal certain acts and parts of act on specific dates.

History: 1974, Act 154, Eff. Jan. 1, 1975;—Am. 1986, Act 80, Imd. Eff. Apr. 7, 1986;—Am. 1986, Act 147, Imd. Eff. July 2, 1986.

Compiler's note: In the last phrase of this title, "and parts of act on specific dates" evidently should read "and parts of acts on specific dates".

The People of the State of Michigan enact:

408.1001 Short title.

Sec. 1. This act shall be known and may be cited as the "Michigan occupational safety and health act".

History: 1974, Act 154, Eff. Jan. 1, 1975.

Compiler's note: For transfer of powers and duties of the division of occupational health in the bureau of environmental and occupational health, with the exception of dry cleaning unit, from the department of public health to the director of the department of labor, see E.R.O. No. 1996-1, compiled at MCL 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties relating to the promulgation of rules by the general industry safety standards commission, the construction safety standards commission, the occupational health standards commission, and the board of health and safety compliance and appeals from the department of labor to the director of the department of consumer and industry services, see E.R.O. No. 1996-2, compiled at MCL 445.2001 of the Michigan Compiled Laws.

For the transfer of the Michigan occupational safety and health administration from the department of licensing and regulatory affairs to the department of labor and economic opportunity and the powers and duties of the director of the department of licensing and regulatory affairs to the director of the department of labor and economic opportunity, see E.R.O. No. 2019-3, compiled at MCL 125.1998.

408.1002 Scope of act; effect on statutory or common law.

Sec. 2. (1) This act shall apply to all places of employment in the state, except in domestic employment and in mines as defined in section 4.

(2) Nothing in this act shall be construed to supersede or in any manner affect any workers' compensation law, or to enlarge or diminish or affect in any other manner the common law or statutory rights, duties, or liabilities of employers and employees under any law with respect to injuries, diseases, or death of employees arising out of, or in the course of, employment.

History: 1974, Act 154, Eff. Jan. 1, 1975;—Am. 1979, Act 149, Eff. Mar. 27, 1980.

408.1003 Meanings of words and phrases.

Sec. 3. The words and phrases defined in sections 4 to 6 have the meanings respectively ascribed to them for the purposes of this act.

History: 1974, Act 154, Eff. Jan. 1, 1975.

408.1004 Definitions; A to M.

Sec. 4. (1) "Agricultural operations" means the work activity designated in major groups 01 and 02 of the standard industrial classification manual, United States bureau of the budget, 1972 edition. Agricultural operations include any practices performed by a farmer or on a farm as an incident to or in conjunction with farming operations including preparation for market delivery to storage or market or to carriers for transportation to market.

(2) "Authorized employee representative" or "representative of employee" means a person designated by a labor organization certified by the national labor relations board or employment relations commission as defined in section 2(c) of 1939 PA 176, MCL 423.2, as the bargaining representative for the affected employees. In the absence of certification, it shall be a person designated by the organization having a collective bargaining relationship with the employer and designated as having a collective bargaining relationship with the employer by the affected employees. If a labor organization has not been certified, or if no organization has a collective bargaining relationship with the employer, "authorized employee representative" or "representative of employee" means a person designated by the affected employees to represent them for the purpose of proceedings under this act.

Rendered Thursday, August 27, 2020

Page 1

Michigan Compiled Laws Complete Through PA 149 of 2020

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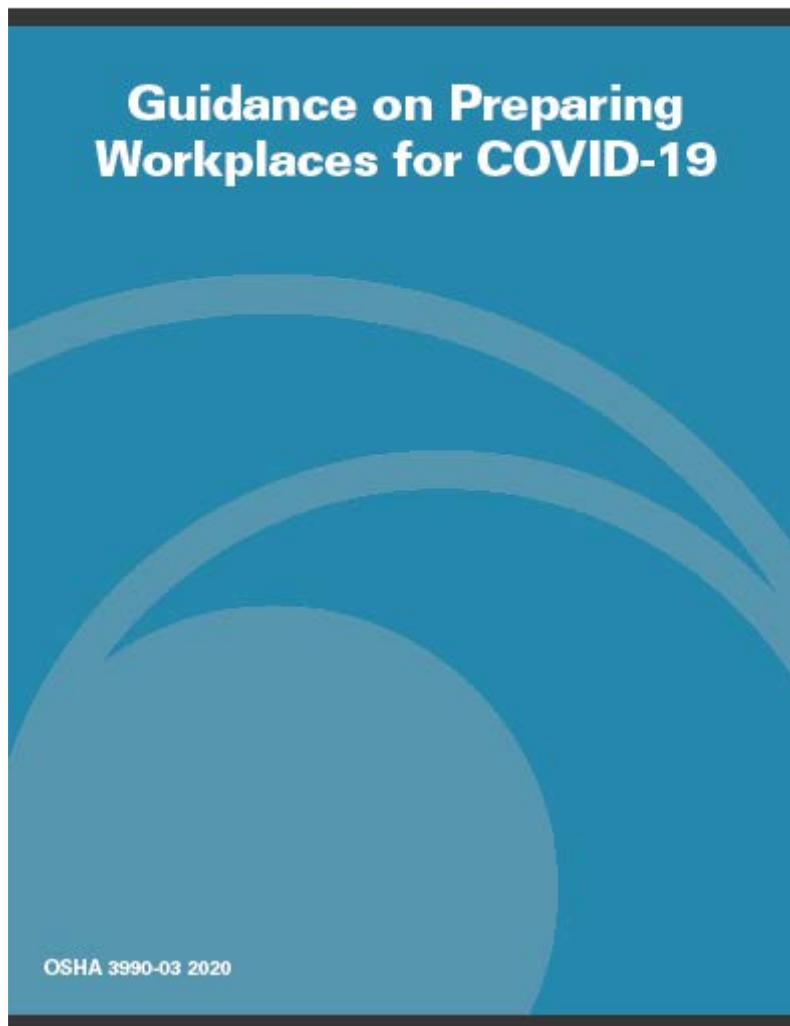
FIELD OPERATIONS MANUAL (FOM)

**MICHIGAN DEPARTMENT
OF
LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND
HEALTH ADMINISTRATION
FIELD OPERATIONS MANUAL
(FOM)**

June 1, 2016

Authority: P.A. 154 of 1974, as amended.

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA), GUIDANCE ON
PREPARING WORKPLACES FOR COVID-19.**



OSHA – OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION CODE FEDERAL REGULATIONS (CFR)

GENERAL INDUSTRY SAFETY AND HEALTH STANDARD PART 33. R 408.13301 PERSONAL PROTECTIVE EQUIPMENT

Hazard Assessment:

R 408.13308 personal protective hazard assessment and equipment selection:

Emergent Health Partners enforces policy on hazard safety and COVID-19 preparedness based on direction from the following: Center for Disease Control and Prevention (CDC), The National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health administration (OSHA), state and local health departments, state executive orders, local Medical Control Authority (MCA), and the Heaney Group Occupational Health and Infection Prevention's guidelines, recommendations, and protocols for hazard assessment and equipment selection:

1. Center for Disease Control and Prevention
 - a. [Interim Recommendations for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points/Emergency Communication Centers \(PSAP/ECCs\) in the United States During the Coronavirus Disease \(COVID-19\) Pandemic.](#)
 - b. [Symptoms of COVID-19](#)
 - c. [Implement Universal Source Control Measures](#)
 - d. [Optimizing Supply of PPE and Other Equipment during Shortages](#)
 - e. [Using Personal Protective Equipment \(PPE\)](#)
2. NIOSH
 - a. [The Ryan White HIV/AIDS Treatment Extension](#)
 - b. [NIOSH Certified Equipment List](#)
3. OSHA – EHP Compliance Documents
 - a. [Regulations Standards – 29 CFR](#)
 - b. [1910.120 App B](#)
 - c. Level of PPE – Annual Hazmat Awareness Training video (OTIS/Vairkko)
 - d. [AI-20 Employee Training](#)
 - e. [1910.120 App C](#)
 - i. EHP – Intranet
 1. [MSDS](#)
 2. [AO-03 Hazard Communications](#)
 3. [AO-10 Ambulance Cleaning](#)
 4. [Infection Control Policies](#)
 5. [AI-07 Utilization of Universal Precautions and Personal Protective Equipment](#)
 6. [AI-08 High Efficiency Particle Air \(HEPA\) Respirators](#)
 7. [AI-19 Specific Infection Control Procedures for Cleaning of Ambulance and Equipment](#)

4. [MDHHS Protocols](#)

- a. [14-03](#) Dispatch Screening Guidelines
- b. [14-05](#) Personal Protective Equipment
- c. [14-06](#) Clinical Treatment

5. [Executive Orders](#)

- a. 153 - Masks
- b. 175 – Safeguards to protect Michigan workers from COVID-19
- c. 172 – Protecting workers who stay home, stay safe when they or their close contacts are sick

RESPIRATORY PROTECTION PLAN - 29 CFR 1910.134

Emergent Health Partners is compliant, acknowledges, and is actively monitoring the following enforcement guidance:

- 1) [1910.134 – Respiratory Protection](#)
- 2) OSHA Enforcement Memos, expanded temporary enforcement guidance:
 - a) [For healthcare respiratory protection annual fit-testing for N95 filtering facepieces during the COVID-19 outbreak, March 14, 2020. 29 CFR 1910.134 App A](#)
 - i) Record keeping and documentation - [I-Form](#)
 - ii) 1910.134 App C – OSHA Respirator Medical Evaluation Questionnaire
 - (1) All employees receive a physical and OSHA questionnaire from Concentra when they are hired in and during annual fit testing.
 - iii) [1910.134 App B-1 User Seal](#)
 - iv) [On respiratory protection fit-testing for N95 filtering facepieces in all industries during the coronavirus disease 2019 \(COVID-19\) pandemic, April 18, 2020.](#)
 - b) [For use of respiratory protection equipment certified under standards of other countries or jurisdictions during the coronavirus disease 2019 \(COVID-19\) pandemic, April 3, 2020.](#)
 - i) 1910.134 App D – Information for Employees Using Respirators When Not Required Under the Standard
 - (1) EHP supplies all NIOSH approved respirators and does not allow employees to use their own personal respirator.
 - c) [On decontamination of filtering facepiece respirators in healthcare during the coronavirus disease 2019 \(COVID-19\) pandemic, April 24, 2020.](#)
 - i) [UVC Light Procedure](#)
 - d) [For respiratory protection and the N95 shortage due to the coronavirus disease 2019 \(COVID-19\) pandemic, April 3, 2020.](#)

**GENERAL INDUSTRY SAFETY AND HEALTH STANDARD PART 474. R 325.47401 1910.141
SANITATION**

General

- 1910.141(A)(4) Waste Disposal
 - [AE-01 Station Rules and Regulation](#)
 - [AI-10 Disposal of Infectious Waste \(Sharps\)](#)
 - [AI-11 Disposal of Infectious Wastes \(Non-Sharps\)](#)
 - [AI-12 Disposal of Regulated Biohazard Waste Container](#)

WATER SUPPLY

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

TOILET FACILITIES

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

WASHING FACILITIES

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

CHANGE ROOMS

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

CLOTHES DRYING FACILITIES

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

CONSUMPTION OF FOOD AND BEVERAGES ON THE PREMISES

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

FOOD HANDLING

Emergent Health Partners is compliant with all parts, sections, and subsections of the sanitation regulation.

**TEMPORARY ENFORCEMENT, DISCRETION IN ENFORCEMENT WHEN CONSIDERING AN
EMPLOYER'S GOOD FAITH EFFORTS DURING THE CORONAVIRUS DISEASE 2019 (COVID-19)
PANDEMIC, APRIL 16, 2020.**

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SCOTT KETCHAM, Director
Directorate of Construction

SUBJECT:

Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 (COVID-19) Pandemic

In light of the coronavirus disease 2019 (COVID-19) pandemic, OSHA understands that some employers may face difficulties complying with OSHA standards due to the ongoing health emergency. Widespread business closures, restrictions on travel, limitations on group sizes, facility visitor prohibitions, and stay-at-home or shelter-in-place requirements may limit the availability of employees, consultants, or contractors who normally provide training, auditing, equipment inspections, testing, and other essential safety and industrial hygiene services. Business closures and other restrictions and limitations may also preclude employee participation in training even when trainers are available. In other situations, access to medical testing facilities may be limited or suspended.

For example, the American College of Occupational and Environmental Medicine issued a [recommendation](#) that occupational spirometry testing be suspended because of concerns about spreading droplets containing the COVID-19 virus during spirometry maneuvers. In addition, the Council for Accreditation in Occupational Hearing Conservation issued a [recommendation](#) that audiometric evaluations be suspended until normal operations have resumed, in order to minimize the risk to healthcare workers and conserve personal protective equipment.

During the course of an inspection, OSHA Area Offices will assess an employer's efforts to comply with standards that require annual or recurring audits, reviews, training, or assessments (see Annex below for some examples). Compliance Safety and Health Officers (CSHOs) should evaluate whether the employer made good faith efforts to comply with applicable OSHA standards and, in situations where compliance was not possible, to ensure that employees were not exposed to hazards from tasks, processes, or equipment for which they were not prepared or trained. As part of assessing whether an employer engaged in good faith compliance efforts, CSHOs should evaluate whether the employer thoroughly explored all options to comply with the applicable standard(s) (e.g., the use of virtual training or remote communication strategies). CSHOs should also consider any interim alternative protections

**Temporary Enforcement, Revised Enforcement Guidance for recording Cases of
Coronavirus Disease 2019 (COVID-19), May 19, 2020.**

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

This Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports. On May 26, 2020, the previous memorandum on this topic^[1] will be rescinded, and this new Updated Interim Enforcement Response Plan will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Eliminating hazards from COVID-19 remains a top priority for OSHA. Because the government and the private sector have taken rapid and evolving steps to slow the virus's spread, protect employees, and adapt to new ways of doing business, at this time, the rate of new cases, new hospitalizations, and deaths are decreasing in most parts of the country. As workplaces reopen, OSHA will continue to ensure safe and healthy conditions for America's working men and women pursuant to the following framework:

- In geographic areas where community spread of COVID-19 has significantly decreased, OSHA will return to the inspection planning policy that OSHA relied on prior to the start of the COVID-19 health crises, as outlined in the OSHA Field Operations Manual (FOM), CPL 02-00-164, Chapter 2, when prioritizing reported events for inspections, except that:
 - OSHA will continue to prioritize COVID-19 cases;
 - OSHA will utilize non-formal phone/fax investigations or rapid response investigations in circumstances where OSHA has historically performed such inspections (e.g., to address formal complaints) when necessary to assure effective and efficient use of resources to address COVID-19-related events; and
 - In all instances, the Area Director (AD) will ensure that CSHOs utilize the appropriate precautions and personal protective equipment (PPE) when performing inspections related to COVID-19.

Temporary Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19), May 19, 2020.

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

This Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports. On May 26, 2020, the previous memorandum on this topic^[1] will be rescinded, and this new Updated Interim Enforcement Response Plan will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

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 - OSHA will utilize non-formal phone/fax investigations or rapid response investigations in circumstances where OSHA has historically performed such inspections (e.g., to address formal complaints) when necessary to assure effective and efficient use of resources to address COVID-19-related events; and
 - In all instances, the Area Director (AD) will ensure that CSHOs utilize the appropriate precautions and personal protective equipment (PPE) when performing inspections related to COVID-19.

**TEMPORARY ENFORCEMENT, REVISED ENFORCEMENT GUIDANCE FOR RECORDING CASES
OF CORONAVIRUS DISEASE 2019 (COVID-19), MAY 19, 2020**

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

LEE ANNE JILLINGS, Acting Director
Directorate of Technical Support and Emergency Management

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)

This memorandum provides updated interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the requirements of 29 CFR Part 1904 with respect to the recording of occupational illnesses, specifically cases of COVID-19. On May 26, 2020, the previous memorandum on this topic^[1] will be rescinded, and this new memorandum will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

1. The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC);^[2]
2. The case is work-related as defined by 29 CFR § 1904.5;^[3] and
3. The case involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.^[4]

Confirmed cases of COVID-19 have now been found in nearly all parts of the country, and outbreaks among workers in industries other than healthcare, emergency response, or correctional institutions have been identified. As transmission and prevention of infection have become better understood, both the government and the private sector have taken rapid and evolving steps to slow the virus's spread, protect employees, and adapt to new ways of doing business. As the virus's spread now slows in certain areas of the country, states are taking steps to reopen their economies and workers are returning to their workplaces. All these facts—incidence, adaptation, and the return of the workforce—indicate that employers should be taking action to determine whether employee COVID-19 illnesses are work-related and thus recordable. Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace.

**TEMPORARY ENFORCEMENT GUIDANCE ON RESPIRATORY PROTECTION FIT-TESTING FOR
N95 FILTERING FACEPIECES IN ALL INDUSTRIES DURING THE CORONAVIRUS DISEASE 2019
(COVID-19) PANDEMIC, APRIL 8, 2020**

April 8, 2020

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Expanded Temporary Enforcement Guidance on Respiratory Protection Fit-Testing for N95 Filtering Facepieces in All Industries During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum expands temporary enforcement guidance provided in OSHA's March 14, 2020, memorandum to Compliance Safety and Health Officers for enforcing annual fit-testing requirements of the Respiratory Protection standard, 29 CFR § 1910.134(f)(2), with regard to supply shortages of N95s or other filtering facepiece respirators (FFRs) due to the coronavirus disease 2019 (COVID-19) pandemic.^[1] The March 14 guidance, which applied to healthcare, now applies to all workplaces covered by OSHA where there is required use of respirators. This memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

OSHA field offices will exercise enforcement discretion concerning the annual fit-testing requirements, as long as employers have made good-faith efforts to comply with the requirements of the Respiratory Protection standard and to follow the steps outlined in the March 14, 2020 memorandum. Employers should also assess their engineering controls, work practices, and administrative controls on an ongoing basis to identify any changes they can make to decrease the need for N95s or other FFRs. When reassessing these types of controls and practices, employers should, for example, consider whether it is possible to increase the use of wet methods or portable local exhaust systems or to move operations outdoors. In some instances, an employer may also consider taking steps to temporarily suspend certain non-essential operations.

Further, given additional concerns regarding a shortage of fit-testing kits and test solutions (e.g., Bitrex™, isoamyl acetate), employers are further encouraged to take necessary steps to prioritize use of fit-testing equipment to protect employees who must use respirators for high-hazard procedures.

In the absence of quantitative or qualitative fit-testing capabilities required under mandatory Appendix A to 29 CFR § 1910.134 Appendix A, the following additional guidance is provided to assist with decision-making with respect to use of N95s or other FFRs. Most respirator manufacturers produce multiple models that use the same basic head form for size/fit. Manufacturers may have a crosswalk (i.e., a list

**TEMPORARY ENFORCEMENT GUIDANCE FOR USE OF RESPIRATORY PROTECTION
EQUIPMENT CERTIFIED UNDER STANDARDS OF OTHER COUNTRIES OR JURISDICTIONS
DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC, APRIL 8, 2020**

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, and certain other health standards, with regard to supply shortages of disposable N95 filtering facepiece respirators (FFRs). Specifically, it outlines enforcement discretion to permit the use of FFRs and air-purifying elastomeric respirators that are either:

- Certified under certain standards of other countries or jurisdictions, as specified below; or
- When equipment certified under standards of other countries or jurisdictions is not available, previously certified under the standards of other countries or jurisdictions but are beyond their manufacturer's recommended shelf life (i.e., expired).

This guidance applies in all industries, including workplaces in which:

- Healthcare personnel (HCP) are exposed to patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other sources of SARS-CoV-2 (the virus that causes COVID-19).
- Protection of workers exposed to other respiratory hazards is impacted by the shortage resulting from the response to the COVID-19 pandemic. Such workplace respiratory hazards may be covered by one or more substance-specific health standards.

Our previous memoranda, *Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak*, issued on March 14, 2020, and *Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic*, issued on April 3, 2020, provided temporary guidance for 29 CFR § 1910.134, regarding required annual fit testing of HCP and use of respirators beyond their manufacturer's recommended shelf life, respectively.^[1] This memorandum provides additional guidance on enforcing OSHA's Respiratory Protection standard (and other health standards that require respiratory protection) for all workers, including HCP. In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further

**TEMPORARY ENFORCEMENT GUIDANCE ON DECONTAMINATION OF FILTERING FACEPIECE
RESPIRATORS IN HEALTHCARE DURING THE CORONAVIRUS DISEASE 2019 (COVID-19)
PANDEMIC, APRIL 8, 2020**

MEMORANDUM FOR:

**REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES**

THROUGH:

**AMANDA EDENS
Deputy Assistant Secretary**

FROM:

**PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs**

SUBJECT:

Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, with regard to the reuse of filtering facepiece respirators (FFRs) that have been decontaminated through certain methods.^[1]

This guidance applies in workplaces in which workers need respirators to protect against exposure to infectious agents that could be inhaled into the respiratory system, including during care of patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other activities that could result in respiratory exposure to SARS-CoV-2 (the virus that causes COVID-19). The guidance describes decontamination methods for FFRs contaminated with pathogens, and is not intended to facilitate reuse of FFRs laden with other contaminants (e.g., FFRs overloaded with silica dust).

This memorandum further expands flexibilities outlined in OSHA's previous COVID-19 enforcement memoranda posted at www.osha.gov/enforcementmemos.^[2] In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Background

On January 31, 2020, the Secretary of Health and Human Services (HHS) declared the COVID-19 outbreak a public health emergency.^[3] The President also declared a national emergency due to COVID-19.^[4]

The response to the pandemic has created an increased demand for FFRs, limiting their availability for use in protecting workers in healthcare and emergency response from exposure to the virus. As a result, the President directed the Secretary of Labor to "*consider all appropriate and necessary steps to increase the availability of respirators.*"^[5]

Although the Secretary, through OSHA, has allowed for enforcement flexibility around respirators—including with regard to fit-testing, the use of respirators that are beyond their manufacturer's recommended shelf life, extended use and reuse of respirators, and the use of alternative equipment

TEMPORARY ENFORCEMENT FOR RESPIRATORY PROTECTION AND THE N95 SHORTAGE
DUE TO THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC, APRIL 3, 2020.

MEMORANDUM FOR:

**REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES**

THROUGH:

**AMANDA EDENS
Deputy Assistant Secretary**

FROM:

**PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs**

SUBJECT:

Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 (COVID-19) Pandemic

This memorandum provides interim guidance to Compliance Safety and Health Officers (CSHOs) for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, and certain other health standards, with regard to supply shortages of disposable N95 filtering facepiece respirators. Specifically, it outlines enforcement discretion to permit the extended use and reuse of respirators, as well as the use of respirators that are beyond their manufacturer's recommended shelf life (sometimes referred to as "expired"). This guidance applies in all industries, including workplaces in which:

- Healthcare personnel (HCP) are exposed to patients with suspected or confirmed coronavirus disease 2019 (COVID-19) and other sources of SARS-CoV-2 (the virus that causes COVID-19).
- Protection of workers exposed to other respiratory hazards is impacted by the shortage resulting from the response to the COVID-19 pandemic. Such workplace respiratory hazards may be covered by one or more substance-specific health standards.

Our previous memorandum, *Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak*, issued on March 14, 2020, provided temporary guidance for 29 CFR § 1910.134, regarding required annual fit testing of HCP.^[1] This memorandum provides additional guidance on enforcing OSHA's respirator standard for all workers, including HCP. In light of the essential need for adequate supplies of respirators, this memorandum will take effect immediately and remain in effect until further notice. This guidance is intended to be time-limited to the current public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Background

The COVID-19 outbreak, which the World Health Organization recently declared a global pandemic, has created an increased demand for N95 filtering facepiece respirators, limiting availability for use in protecting workers in healthcare and emergency response from exposure to the virus. As a result, the President directed the Secretary of Labor to "[consider] all appropriate and necessary steps to increase the availability of respirators."^[2]

GOVERNOR GRETCHEN WHITMER, EXECUTIVE ORDERS (COVID-19), MICH. EXEC. ORDER
NO. 04 (2020)

Emergent Health Partners (EHP) is compliant and acknowledges the Governors Executive Order #04 – Declaration of State of Emergency, *The Emergency Management Act, 1976 PA 390, as amended, MCL 30.403(4)*, provides that “[t]he governor shall, by executive order or proclamation, declare a state of emergency if he or she finds that an emergency has occurred or that the threat of an emergency exists,” and all following orders that replace rescinded orders with that title (EO-94, EO-98, and EO-105).

Acting under the Michigan Constitution of 1963 and Michigan law:

- 1. A state of emergency is declared across the State of Michigan.*
- 2. The Emergency Management and Homeland Security Division of the Department of State Police must coordinate and maximize all state efforts that may be activated to state service to assist local governments and officials and may call upon all state departments to utilize available resources to assist.*
- 3. The state of emergency is terminated when emergency conditions no longer exist and appropriate programs have been implemented to recover from any effects of the emergency conditions, consistent with the legal authorities upon which this declaration is based and any limits on duration imposed by those authorities.*

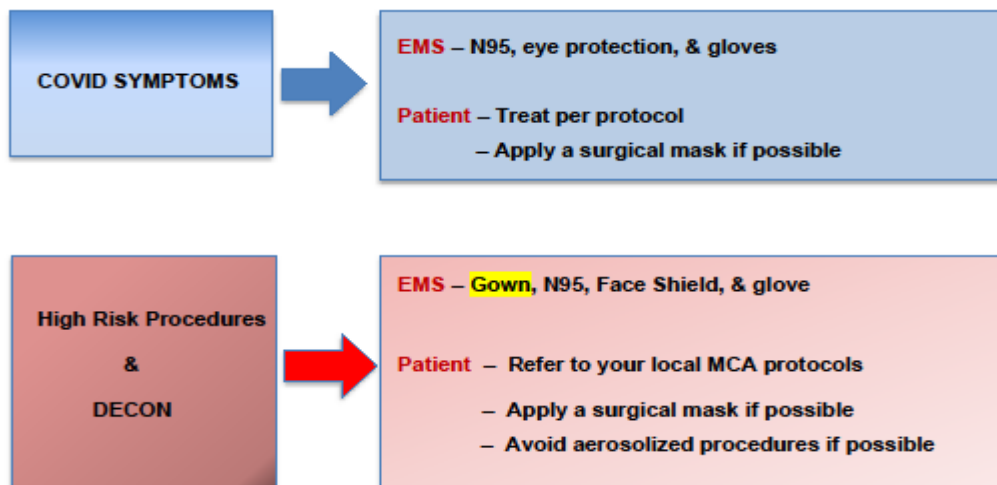
EHP GUIDELINES AND PROCEDURES

AMBULANCE OPERATIONS

COVID-19 SCREENING AND PERSONAL PROTECTIVE EQUIPMENT PROCEDURE



COVID 19 Screening and Procedure



Positive? What to do?

1. Limit responder contact and apply PPE as listed above.
2. If possible, provide your patient a surgical mask.
3. Limit treatment if possible but follow your local MCA protocol.
4. Avoid passengers to ride along, advise them to call their local health department.
5. Driver should follow reuse guidelines but continue to wear the N95, and perform hand hygiene before entering the front cab to drive.
6. Avoid computer charting during transport if possible.
7. Driver should contact the ER, provide radio report, and include the positive COVID-19 screen.
8. Continue to the COVID-19 *Waste & Decontamination procedure*.

Reference: CDC Guidance for EMS

Screening Translation Guide

Chinese

Yes or No	是还是不是
Do you have a cough?	你咳嗽吗？
Do you have a fever?	你发烧了吗？
Do you have shortness of breath?	你有呼吸急促吗？
Have you been out of the country recently?	您最近去过国外吗？
Have you been around any person who has been out of the country?	您是否与最近在国外的人保持密切联系？

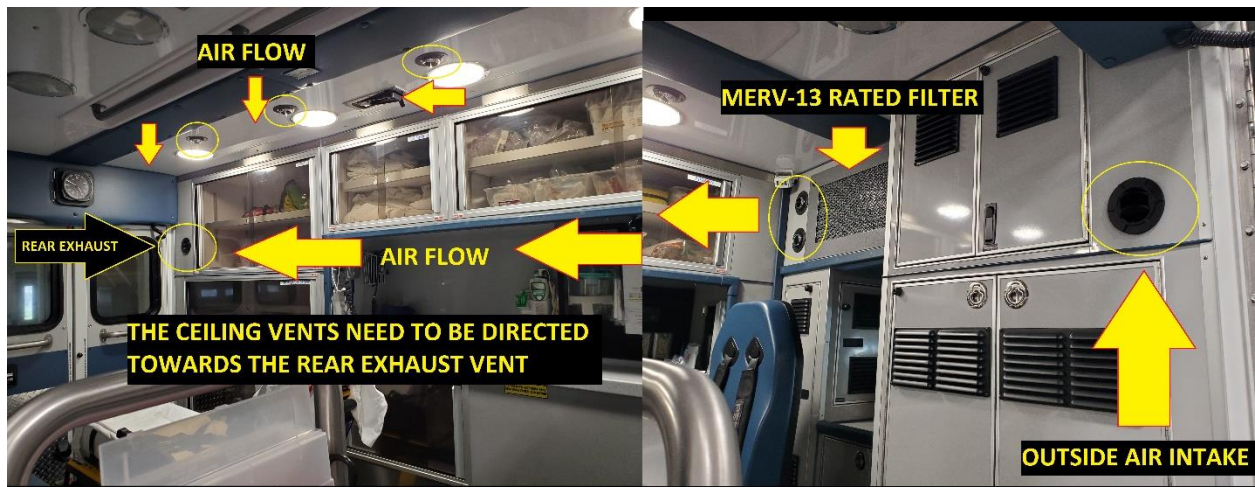
Italian

Yes or No	Si o no
Do you have a cough?	Hai la tosse?
Do you have a fever?	Hai la febbre?
Do you have shortness of breath?	Hai fiato corto?
Have you been out of the country recently?	Sei stato fuori dal paese di recente?
Have you been around any person who has been out of the country?	Sei stato in stretto contatto con qualcuno che è stato di recente al di fuori del paese?

Spanish

Yes or No	Si o no
Do you have a cough?	¿Tienes tos?
Do you have a fever?	¿Tienes fiebre?
Do you have shortness of breath?	¿Tienes dificultad para respirar?
Have you been out of the country recently?	¿Has estado fuera del país recientemente?
Have you been around any person who has been out of the country?	¿Has estado en contacto con alguien que ha estado fuera del país?

Ambulance Airflow – COVID-19 Transports



INFECTIOUS CONTROL POLICIES AND PROCEDURES

Title
AI - First Responder Provider Request for HIV and/or Hepatitis B Testing of Emergency Patient
AI-01 - Schedule and Method of Implementation
AI-02 - Statement of Infection Control ECP Review
AI-03 - Statement of Infection Control ECP's Review
AI-04 - Exposure Categories
AI-05 - Hepatitis-B Vaccine
AI-06 - Mycobacterium Tuberculosis (TB) Screening
AI-07 - Utilization of Universal Precautions and Personal Protective Equipment
AI-08 - High Efficiency Partical Air (HEPA) Respirators
AI-09 - Labeling
AI-10 - Disposal of Infectious Waste (Sharps)
AI-11 - Disposal of Infectious Waste (Non-Sharps)
AI-12 - Disposal of Regulated Biohazard Waste Container
AI-13 - Blood Borne Pathogen Exposure Incident
AI-14 - Special Consideration in Treating the known or Suspected Mycobacterium Tuberculosis (TB) Patient
AI-15 - Mycobacterium Tuberculosis (TB) Exposure Incident
AI-16 - Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
AI-17 - Hand Washing Procedure
AI-18 - Specific Infection Control Procedures for Invasive and Non-Invasive Applications
AI-19 - Specific Infection Control Procedures for Cleaning of Ambulance and Equipment
AI-20 - Employee Training
AI-21 - Recordkeeping
AI-22 - Exposure Management Kit
AI-23 - Appendix: Infection Control Documents
AI-24 - Hepatitis B Vaccine Declination
AI-25 - Health Care Professional's Written Opinion for Hepatitis B Vaccination
AI-26 - Blood Borne Pathogen Exposure Management Instructions
AI-27 - Pre-Hospital Request Form for HIV/Hepatitis B Testing
AI-28 - Airborne Pathogen Exposure Management Instructions

PERSONAL PROTECTIVE EQUIPMENT

N95 FIT TEST I-FORM

3M Science.
Applied to Life.™

Guide to 3M qualitative fit testing.



Reusable half masks

Filtering facepiece respirators

3M™ FT-10 (sweet) and 3M™ FT-30 (bitter) fit test kits are suitable for filtering facepiece respirators and half-face masks fitted with particulate or combination filters.

The taste test

Part one: the sensitivity test

- 1 Add half a teaspoon of sensitivity solution (in red labelled bottle) into the sensitivity nebuliser (marked in red).
- 2 Put test hood on person.
- 3 Ask person to breathe through their mouth with their tongue at the front and ask them to indicate immediately when they taste solution.
- 4 Slowly squeeze solution into the hood and count the number of squeezes it takes for the solution to be tasted.
- 5 Ask the person to take a drink of water and wait until the taste has cleared, making sure that they wipe their lips to remove any traces of solution.



Stop the test if solution is not tasted after 30 squeezes.
Try an alternative solution:

Sweet taste 3M FT 11 (Sensitivity solution)
3M FT12 (Fit test solution)

Bitter taste 3M FT 31 (Sensitivity solution)
3M FT32 (Fit test solution)

3M Personal Safety Division
3M Centre, Cain Road, Bracknell, Berkshire RG12 8HT. Tel: 0870 60 900 60
Personal Safety Division
3M Ireland, The Iveagh Building, The Park, Carrickmines, Dublin 18, Ireland

! Wearers must be clean shaven to get a good fit with a respirator for the fit test and every time the respirator is worn.

! Please note that in order to carry out a full fit test, all the steps detailed below must be followed (parts one and two).

Part two: the fit test

- 1 Add half a teaspoon of the fit test solution (in black labelled bottle) into the sensitivity nebuliser (marked in black).
- 2 Make sure respirator is fitted correctly. Refer to 3M fitting instructions or posters for correct procedure. Please ensure any other headworn PPE required by the wearer is worn during the fit test.
- 3 Put test hood on person.
- 4 Introduce solution in an 'initial dose' and start the exercises.

Number of squeezes needed in part one	Number of squeezes needed for initial dose	Number of squeezes for 'top-up' dose every 30 seconds
1-10	10	5
11-20	20	10
21-30	30	15

Add a 'top-up' dose after every 30 seconds as per below:

- 5 After the initial dose, ask the person to carry out the seven exercises shown in the images to the right for one minute and indicate immediately if solution is tasted. Remember to add 'top-up' dose every 30 seconds.

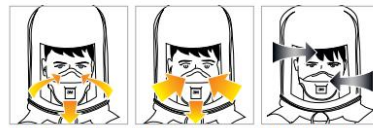
6 Record results

If solution is not tasted after all seven exercises, they have passed the test with that respirator. If solution is tasted, stop test, clean mouth, face and hands, refit respirator and start part one of the test again.

If solution is still tasted on the second attempt, stop test, clean hands, mouth and face, and try another face fit test with an alternative 3M respirator.

In the event of another failure, please call the 3M Health and Safety Helpline on 0870 60 800 60 (UK) or 1 800 320 500 (Ireland).

The seven exercises



1 Breathe normally.

2 Breathe deeply.

3 Head side-to-side.



4 Head up-and-down.

5 Talking.

6 Bend over at waist.



7 Breathe normally.

For 3M fit testing support tools visit
3M.co.uk/fittestrespirator
@3M_UK_Safety


For further information or advice on correct selection and use of 3M PPE, call 3M Personal Safety Division on 0870 60 800 60 (UK) and 1 800 320 500 (Ireland) or visit 3M.co.uk/safety

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Facial Hairstyles and Filtering Facepiece Respirators

Hairstyle	Compatibility
CLEAN SHAVEN	✓
STUBBLE	✗
LONG STUBBLE	✗
FULL BEARD	✗
FRENCH FORK	✗
DUCKTAIL	✗
VERDI	✗
GARIBALDI	✗
BANDHOLZ	✗
SOUL PATCH	✓
GOATEE (Careful! Chin hair may easily cross the seal)	✗
CHIN CURTAIN	✗
EXTENDED GOATEE	✗
CIRCLE BEARD	✗
ANCHOR (Careful! Chin hair may easily cross the seal)	✗
BALBO (Careful! Chin hair may easily cross the seal)	✗
VAN DYKE	✗
IMPERIAL	✗
SIDE WHISKERS	✓
MUTTON CHOPS	✗
HULIHEE	✗
HORSESHOE (Careful not to cross the seal)	✓
ZAPPA	✓
WALRUS	✓
PAINTER'S BRUSH	✓
CHEVRON	✓
HANDLEBAR	✓
PENCIL	✓
TOOTHBRUSH	✓
LAMP SHADE	✓
ZORRO	✓
VILLAIN (Careful not to cross the seal)	✗
FU MANCHU	✗
ENGLISH	✗
DALI	✗

*If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it.
 †This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.
 Source: OSHA Respiratory Protection Standard
https://www.osha.gov/pls/osahenb/owadisp_show_document?p_table=standards&p_id=12716
 Further Reading: NIOSH Respirator Trusted-Source Webpage
https://www.cdc.gov/niosh/hppsr/topics/respirators/disp_part3/resourcelist.html


 Centers for Disease Control and Prevention
 National Institute for Occupational Safety and Health

OSHA INFOSHEET

Respirator Medical Evaluation Questionnaire

Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.

Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

Excerpt from Appendix C of 29 CFR 1910.134: OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.

iForm Items

Employee Name *required

Employee Number *required

Region / department: *required

Administered by: *required

Brand: *required

Size: *required

Limitations *required

Bitter Test/Sweetener Test *required

Mandatory Signature(s)

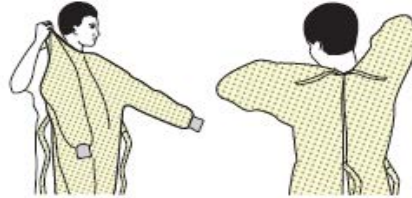
Signature

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



CG250672-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



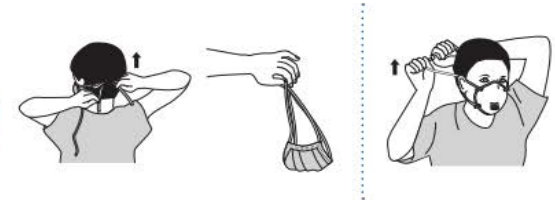
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

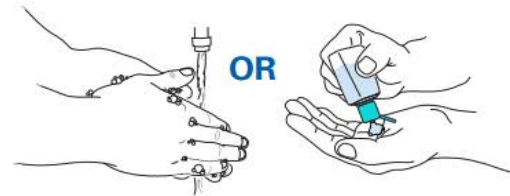


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



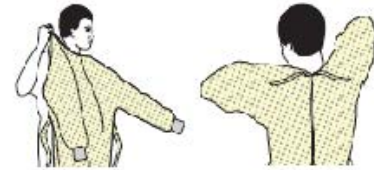
**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



HOW TO SAFELY DON REUSED PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. DON GOWN (High Risk Procedures/Decon)

Fully cover torso from neck to knees, arms to end of wrists, and wrap around and tie in the back



2. DON GLOVES

Extend to cover wrist of isolation gown (if used)



3. DON MASK OR RESPIRATOR

- Reach inside the bag while avoiding touching the inside of the N95
- Cradle the mask (contaminated side) in one hand **OR** pull the N95 out of the bag by the straps.
- Cradle the mask (contaminated side) in one hand and with your other hand adjust the straps so you're ready to don the N95.
- Place the N95 on your face with one hand while the other hand pulls the straps over your head (crossing the straps).



4. DOFF GLOVES & PERFORM HAND HYGIENE

5. DON NEW GLOVES

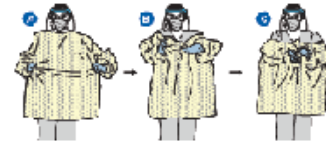
6. DON FACE SHIELD



HOW TO SAFELY DOFF **REUSED** PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. DOFF GOWN AND GLOVES

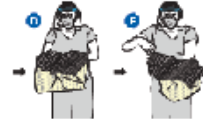
Remove and dispose of your gloves (and gown if used)



2. HAND HYGIENE & DON NEW GLOVES

3. PREP REUSE BAG AND DISINFECTING WIPES

- Open your reuse bag for your N95 and face shield
- Prepare 1-2 disinfecting wipes



4. DOFF FACE SHIELD

- Remove your face shield and use the disinfecting wipes to saturate and clean your face shield on both sides
- Dispose of the wipes and place the face shield into the reuse bag



5. DOFF GLOVES & PERFORM HAND HYGIENE

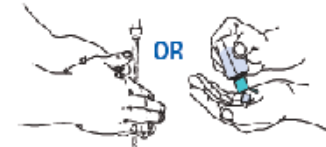


6. DOFF N95

- Front of the N95 is contaminated – DO NOT TOUCH
- Grasp the bottom ties or elastic of the N95, then the ones at the top, and remove without touching the front
- Carefully place the N95 inside the reuse bag without the ties/elastic or your hands touching the inside of the N95



7. PERFORM HAND HYGIENE



PAPR DONNING CHECKLIST

MEMBER NAME:	PROCTOR
DATE AND TIME:	INITIALS
REMOVED PERSONAL ITEMS	
INSPECTED PPE	
PERFORMED HAND HYGIENE APPROPRIATELY	
ENSURED RADIO COMMUNICATION WAS ESTABLISHED	
INNER GLOVES - LONG	
PLACED TYVEK SUIT ENSURING UNRESTRICTED MOVEMENT	
OUT GLOVES - LONG	
TAPED TYVEK SUIT TO OUTER GLOVES APPROPRIATELY	
TAPED ZIPPER AND SEAM APPROPRIATELY	
INSPECTED PAPR DEVICE - FLOW, BELTS, AND FILTERS EXP	
PLACED PAPR APPROPRIATELY ENSURING UNRESTRICTED MOVEMENT	

PLACED APRON ENSURING NOTHING IS BLOCKING THE PAPR FILTER HOLES	
PLACED HOOD ASSEMBLY APPROPRIATELY ENSURING NO VISION RESTRICTIONS AND APPROPRIATELY AIRFLOW	
VERIFIED ALL SKIN IS COVERED WITH NO RESTRICTED MOVEMENTS AND INTEGRITY OF THE SUIT IS INTACT	
VERIFY RADIO COMMUNICATIONS	

PAPR DOFFING CHECKLIST

MEMBER NAME:	PROCTOR
DATE AND TIME:	INITIALS
USES HAND HYGIENE APPROPRIATELY	
CHECKS INTEGRITY OF THE SUIT APPROPRIATELY	
FOLLOWS THE TRAINED OBSERVERS COMMANDS APPROPRIATELY	
REMOVES HOOD ASSEMBLY SLOWLY AND APPROPRIATELY	
REMOVED APRON SLOWLY AND APPROPRIATELY	
REMOVED PAPR SLOWLY AND APPROPRIATELY	

REMOVES TAPE AROUND GLOVES UNZIPS AND REMOVES TYVEK SUIT SLOWLY AND APPROPRIATELY	
REMOVES OUTER GLOVES UNZIPS AND REMOVES TYVEK SUIT SLOWLY AND APPROPRIATELY	
REMOVES TAPE ON ZIPPER SEAM UNZIPS AND REMOVES TYVEK SUIT SLOWLY AND APPROPRIATELY	
UNZIPS AND REMOVES TYVEK SUIT SLOWLY AND APPROPRIATELY	
REMOVES INNER GLOVES SLOWLY AND APPROPRIATELY	
USES HAND HYGIENE APPROPRIATELY	
PROPERLY INSPECTS BODY FOR CONTAMINATION	

Personal Competency Evaluation Form

I _____ have read and completely understand the Huron Valley Ambulance Respiratory Protection Program. Including maintenance, inspection, application, donning, doffing, storage, and cleaning/disinfecting. Also, I have completed a practical competency evaluation including donning, doffing, and general use and limitations to use of the powered air-purifying respirator device.

Signed: _____ Date: _____

Please initial the statement below if you feel adequately comfortable.

_____ “I feel comfortable using the PAPR in hazardous environments and can accept assignments requiring their use.”

Participants Signature: _____ Date: _____

Evaluators Signature: _____

UTILIZATION OF UNIVERSAL PRECAUTIONS AND PERSONAL PROTECTIVE EQUIPMENT

AI-07 - Utilization of Universal Precautions and Personal Protective Equipment

Ambulance Infection Control Policy - AI-07

Subject: Utilization of Universal Precautions and Personal Protective Equipment

Effective Date: 2/14/1988 - Last Update: 02/24/2017

It is the purpose of this policy to establish guidelines that reduce the potential for exposure to blood and/or bodily fluids in the pre-hospital setting.

"Universal Precautions" is defined as a method of infection control which treats all human blood and other potentially infectious materials as capable of transmitting HIV, HBV, and other bloodborne pathogens. All employees will utilize universal precautions when dealing with blood or other potentially infectious materials.

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training is coordinated by the Quality Manager or assigned designee in the use of the appropriate PPE for the tasks or procedures employees will perform. The following personal protective equipment will be immediately available to employees. They can be obtained from the resupply department, and will be used in the following ways:

- A. Latex and vinyl gloves in small, medium, and large sizes will be available on the ambulances. Gloves will be used as follows:
 1. Employees will wear gloves in all situations where it can be reasonably anticipated there may be hand contact with blood or potentially infectious materials, and when handling or touching contaminated items or surfaces.
 2. Personnel will not allow gloves used during treatment of one patient to be used for treatment of a second patient. Gloves must be changed between patients.
 3. Personnel will replace gloves if they become torn or punctured, contaminated, or if their ability to function as a barrier is compromised.
 4. Never wash or decontaminate disposable gloves for reuse.
 5. Gloves must be removed before leaving the patient care area.
 6. Personnel will wash hands as soon as possible after gloves are removed.
- B. Eye protection will be worn in all situations where potential exposure to droplets or splashing of blood and/or bodily fluids exists. All patient care personnel will be issued hard-sided safety glasses with a glasses strap as eye protection. Patient care personnel will keep their eye protection on their person at all times while on shift. Each employee will be issued glasses annually or sooner if the issued glasses are broken through regular work activities. Safety glasses should be cleaned and disinfected with germicide when contaminated by blood or OPIM.
- C. Surgical masks or face shields will be worn in all situations where potential exposure to droplets or splashing of blood and/or bodily fluids exists.
- D. Eight disposable plastic fluid-impervious gowns will be stocked on the ambulances, and should be worn in all situations where the potential for splashing of blood and/or bodily fluids exists.
- E. The airway should be established and breathing maintained using adjuncts that reduce the risk of exposure to blood and/or bodily fluids. Protective devices such as bag-valve-masks will be immediately available. Direct mouth-to-mouth rescue breathing is not to be performed.
- F. "Sharps," as defined in the section titled, Disposal of Infectious Waste (Sharps), will be disposed of as outlined in that section.
- G. Pre-hospital health care providers with exudative lesions and/or weeping dermatitis will refrain from direct patient care and/or cleaning of contaminated or possibly contaminated equipment until the condition resolves.
- H. The precautions outlined above will be utilized when cleaning contaminated or potentially contaminated equipment as well.

All employees using PPE must observe the following precautions:

HIGH EFFICIENCY PARTICULATE AIR (HEPA) RESPIRATORS

AI-08 - High Efficiency Partical Air (HEPA) Respirators

Ambulance Infection Control Policy - AI-08

Subject: High Efficiency Particle Air (HEPA) Respirators

Effective Date: 2/14/1988 - Last Update: 02/24/2017

Properly fitted, single use HEPA respirators will be made available to all Category A personnel.

HEPA respirator fit testing will be conducted according to OSHA regulations and manufacturer recommendations specific to the type of HEPA respirator we use. New employees will undergo a respiratory medical evaluation part of the pre-employment physical, prior to fit testing.

An additional respiratory medical evaluation will be conducted whenever any of the following occurs:

- A. Employee reports medical signs or symptoms that are related to ability to use the respirator.
- B. A licensed health care professional, supervisor or respiratory program administrator informs the employer that an employee needs to be reevaluated.
- C. Observations made during fit testing indicates a need for employee reevaluation.
- D. A change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on an employee.

All patient care personnel will undergo HEPA respirator fit testing when any of the following conditions apply:

- A. The employee has just been hired.
- B. The employee has experienced a weight gain or loss of twenty pounds or more.
- C. The employee has experienced a change in dental or facial structure.
- D. One year has passed since last fit test.

Student third riders are required to carry their HEPA respirators with them on the ambulance. Students are to undergo fit-testing conducted by their instructor prior to performing clinical rides. In the event that the student does not have a HEPA respirator, one of proper fit must be available on the ambulance for the student's use.

Two large, two medium, and two small HEPA respirators will be available on each ambulance at all times.

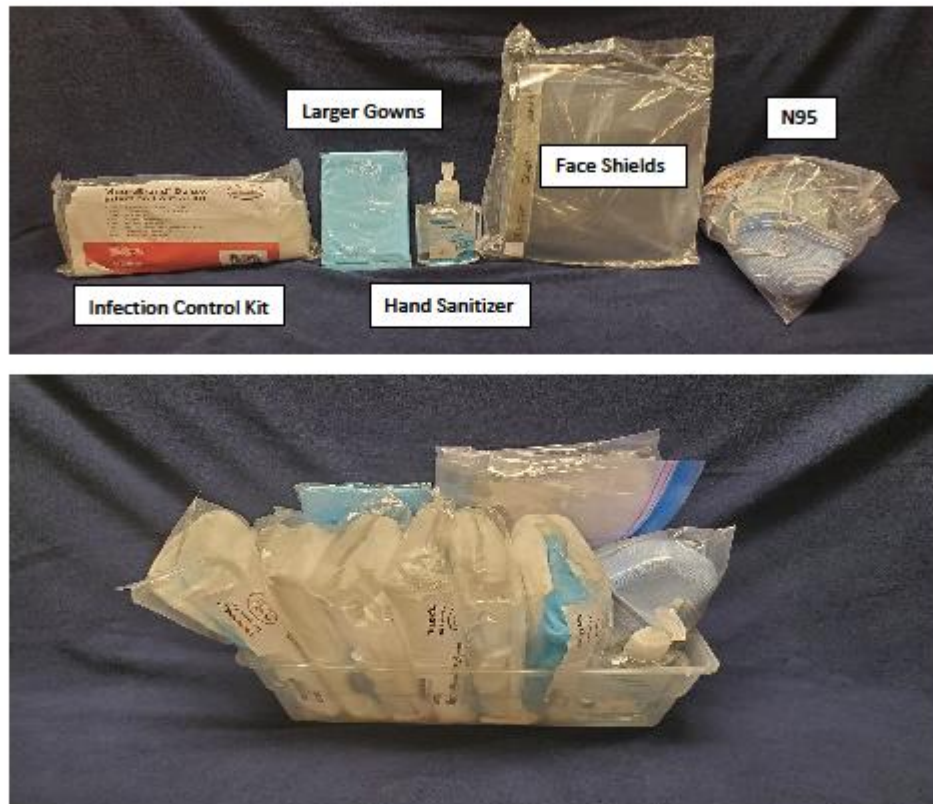
HEPA respirators will be stored in resupply, as well as in the ambulance, in a manner that will not crush or damage the face seal.

The type of HEPA respirator we use is for single use only. Respirators will be disposed of as outlined in the section of these ECPs titled Disposal of Infectious Waste (Non-sharp).

Should you experience any difficulty in using the HEPA respirator, or should you feel that you are not obtaining a true face to mask seal, you must report your concern immediately to your supervisor.

ADDITIONAL PERSONAL PROTECTIVE EQUIPMENT SUPPLIES (GLOVES NOT INCLUDED IN THIS PICTURE)

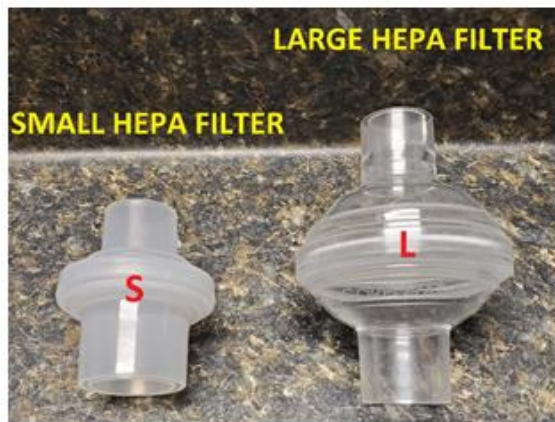
COVID19 PPE Supplies



- Infection Control Kit
 - Fluid resistant mask with eye shield (PATIENT)
 - Moisture-impervious gown with full back
 - Disposal bag with tie
 - Red Biohazard bag
 - Sanitizer Wipes
 - Larger Gowns (use only if the infection control kit gown is too small)
 - Sanitizer for hand hygiene
 - Full Face Shields
 - N95 (EMPLOYEE)
-

PATIENT CARE DEVICES

HIGH EFFICIENT PARTICULATE AIR (HEPA) FILTERS

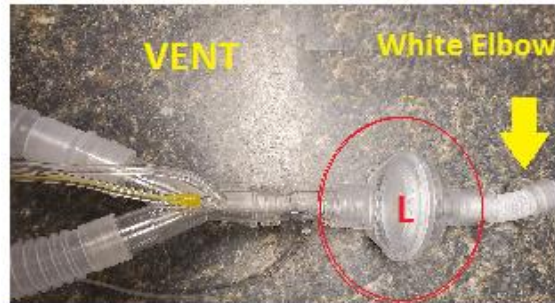


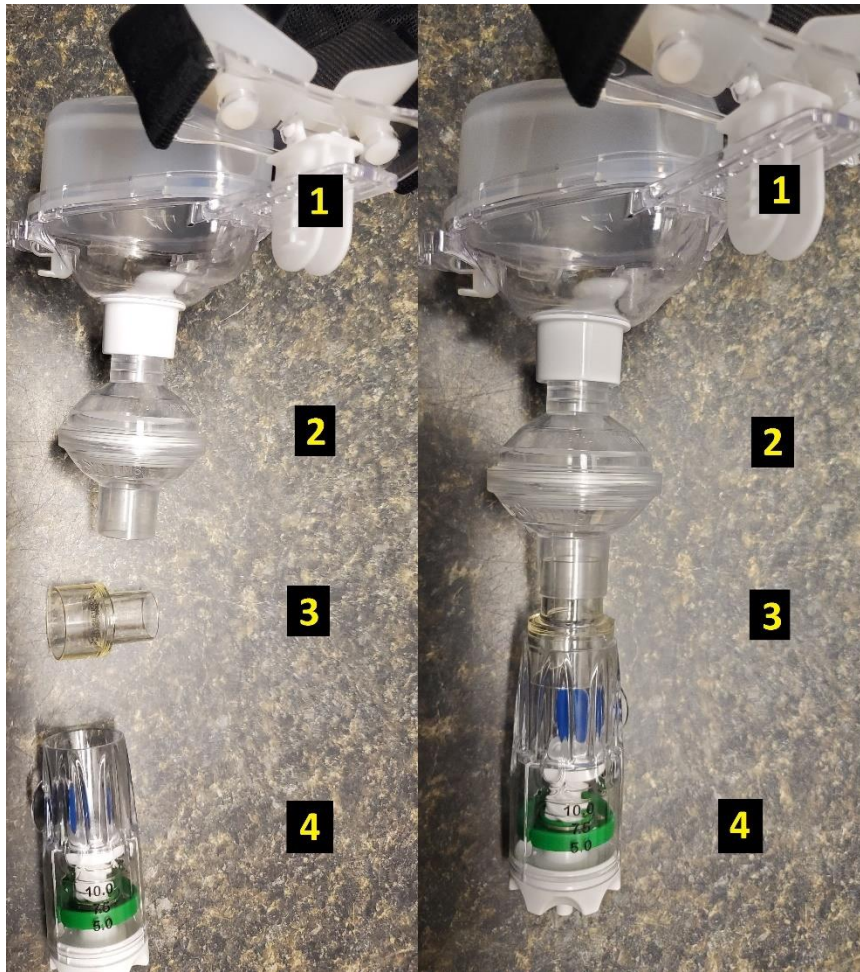
SMALL HEPA FILTER

- MICU ventilator circuits
- Blue elbow adapter
- CPAP (O2-Max Trio and GoPAP)

LARGE HEPA FILTER

- BVM assist ventilations with either a face mask or advanced airway
- MICU ventilator circuits
- White elbow adapter





GOPAP

1 - Patient Mask

2 - Viral Filter

3 - Adapter

4 - PEEP/GOPAP

HAZARD COMMUNICATIONS

AO-03 - Written Hazard Communications

AO-03 - Written Hazard Communications

Operations Policy and Procedure - AO-03

Subject: Written Hazard Communications

Effective Date: January 28, 1994 - Last Review: August 26, 2018

Policy:

The company believes in providing a safe working environment for all members of its staff. The following Hazard Communication Program is adopted for this purpose. This program is available for review by all employees and volunteers.

Procedure:

Hazard Determination

Material safety data sheets (MSDS) from suppliers will be utilized to meet determination hazard requirements.

Labeling

- A. The Fleet and Facilities Manager will be responsible for ensuring that all containers coming in are properly labeled.
- B. All labels shall be checked for:
 - a. Identity
 - b. Hazard
 - c. Name and address of responsible party
- C. Each employee shall be responsible for making sure that all portable containers used in his/her work area are labeled with identity and hazard warning.

Material Safety Data Sheets (MSDS)

- A. The Fleet and Facilities Manager is responsible for compiling the master MSDS file. It will be kept in the office of the Fleet and Facilities Director, available in the Communications centers and made readily available via online system.
- B. MSDS sheets will be available for review by all employees during each work shift. Copies will be available upon request to the Fleet and Facilities Manager or duty supervisor.
- C. The employee work areas will be provided with the required MIOSHA "Right-To-Know" posters and postings notifying employees of new or revised MSDSs within five (5) days of receipt of new or revised MSDSs. The Fleet and Facilities Manager is responsible to assure all postings are up to date.

Employee Information and Training

- A. The Human Resources Director shall maintain records of training conducted for all divisions.
- B. Before beginning work or as soon as possible thereafter, each new employee will attend a required safety class. In that class, each employee will be given information on:
 - a. Chemicals and their hazards in the work place
 - b. How to lessen or prevent exposure to these chemicals
 - c. What the company has done to lessen or prevent workers' exposure to these chemicals
 - d. Procedures to follow if the employee is exposed
 - e. How to read and interpret labels and MSDSs
 - f. Where to locate MSDSs and from whom copies may be obtained
 - g. The Fleet and Facilities Director will ensure that all new employees receive this training.
- C. The employee will be informed that:
 - a. The employer is prohibited from discharging or discriminating against an employee who exercises his/her rights regarding information about hazardous chemicals in the work place
 - b. As an alternative to requesting an MSDS from the employer, the employee may obtain a copy from the Department of Public Health. A sign will be posted with the address and telephone number of the department responsible for such requests.
 - c. Attendance will be taken at training sessions. These records will be forwarded to the Human Resources Director.
 - d. Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the safety class.

HUMAN RESOURCES AND COVID-19 REPORTING

HEALTH SURVEILLANCE & EXPOSURES

ADMINISTRATIVE CONTROLS

- COVID-19 symptomatology is posted, emailed, and continuously updated with reminders to all staff.
- A daily COVID-19 questionnaire is asked of all staff including the following questions:
 - **Do you have any of the following symptoms?**
 - Shortness of breath, difficulty breathing, new or unusual onset of a loss of taste or smell, cough, chills, sore throat, fatigue, body aches, headache, nausea, vomiting, congestion/runny nose, or diarrhea?
 - **Have you had a recent exposure (without PPE) to a confirmed COVID-19 patient?**
 - **Is your temperature below 100.0 F?**
- The questionnaire data is collected, reviewed, and anyone who is possible at risk for COVID-19 is directly address with instructions from HR on how to self-monitor, stay protected, and obtain a diagnostic test.
- A continuous log is maintained by HR and the Safety Officer with all staff who have had exposures, symptoms, and decontamination of any equipment, rooms, and vehicles that were directly involved.



COVID-19 Questionnaire

Please answer the following questions at the start of your shift. If you have any of the following symptoms, have had any recent exposures, or your temperature is above 100.0 F, please call your supervisor and HR for further direction.

Name *

Short answer text

Division *

- 1. HVA
- 2. LifeCare
- 3. JCA
- 4. MCA
- 5. LCA
- 6. ACA

Do you have any of the following symptoms? Shortness of breath, difficulty breathing, new or unusual onset of a loss of taste or smell, cough, chills, sore throat, fatigue, body aches, nausea, vomiting, congestion/runny nose, or diarrhea? *

Yes

No

Have you had a recent exposure (without PPE) to a confirmed COVID-19 patient? *

Yes

No

Is your temperature below 100.0 F? *

Yes

No

I-FORM REPORTING FOR EMPLOYEE COVID-19 SYMPTOMS

Please fill out all of the required information

General Info.

Date	<input type="text"/>
Location	Central
Department	190 - Washtenaw Supervision

Pertains To

Employee 1	Select
Employee 2	Select
Employee 3	Select
Employee 4	Select

iForm Items

iForm Items

Injured/ill employee:	*required	Please Select
Road Division:	*required	Please Select
Run number:		<input type="text"/>
Date of injury:	*required	DD/MM/YYYY
Time of injury:		HHMM
Shift start time:	*required	<input type="text"/>
Location injury occurred:	*required	<input type="text"/>
Primary complaint injury/illness:	*required	<input type="text"/>

Narrative

B I U S x₂ x² A T 

ENGINEERING CONTROLS

Ambulance

- Sliding plexiglass windows between the driver compartment and the patient compartment.

Mobility Transportation Services (MTS Buses)

- Plexi-glass sneeze guards behind the driver seat and between the entrance and the first seat.
- All seats area at minimum 6ft distance from each other.

TRAINING AND EDUCATION

COVID-19 CLASSROOM GUIDELINES

Classroom Guidelines during COVID 19.

Labs will comprise of no more than 10 students per session.

New Lab requirements:

- Gloves, masks, cleaning wipes and disinfectant supplies will be available for every lab session.
- All students will wear masks while in the building, during lab activities and will be expected to perform proper hygiene.
- All classrooms will be cleaned and disinfected daily.
- All classrooms have been reconfigured to limit no more than 2 students to work together collectively while adhering to social distancing guidelines in addition to maintaining the same lab partner.
- All lecture/didactic material will be conducted utilizing online learning.
- There will be no gathering in the lunchroom and/or computer lab and no food will be served or consumed on campus.
- Final exams will be limited to no more than 10 students in the computer lab at any given time and will be spaced appropriately to accommodate a 6-foot distance between computer stations.
- Students will complete only the minimal clinical/internship hours as required by the State of Michigan. (5, AEMT and 4, EMT) *(no hospital rotations at this time)*
- All students will have their temperature recorded prior to entering the classroom. If the student is ill, showing COVID or flu like signs and symptoms or demonstrated a fever they will NOT be admitted to the lab.
- Any practical activity than can be completed in an open and/or outdoor space will be implemented.
- All students will participate in post lab cleaning and decontamination as deemed appropriate prior to dismissal.
- All airway, assessment and/or treatment techniques will be done on manikins utilizing only assigned equipment and will be disinfected after each training session.
- If it is determined that a student has tested positive for COVID, all classes will be suspended until the classrooms/education area can be cleaned and disinfected.

COVID-19 EDUCATIONAL AWARENESS GUIDE

COVID Education Overview

Common Terminology:

- **Person under investigation (PUI):** An individual who meets the signs/symptoms for COVID but **IS NOT** laboratory confirmed. Examples of PUI statements "Positive Screen, Pending COVID test, under quarantine"
- **Laboratory Confirmed:** An individual who has taken a COVID lab test and the results were positive.
- **High Risk Procedures:** Any aerosolizing procedures, close/prolonged patient contact, during decon and waste removal.
- **Donning:** Putting PPE on.
- **Doffing:** Removing PPE.

Review the indications for PPE usage and storage (1)

CDC Donning and Doffing with Reuse Procedure (2)

Ambulance overview with Waste and Decon (3)

- Explain how a scene call would play out:
 - Donning reused PPE from the jump kit compartment **(on scene)**
 - Load the patient and the driver will doff the reuse PPE face shield only **(transporting)**
 - Driver will apply the face shield and gloves to offload the patient **(at hospital)**
 - Follow each hospital's guidelines for areas to clean and disinfect your equipment
 - Attendant should follow the doffing and reuse guidelines for PPE and to start typing their EPCR away from the ambulance until its decontaminated.
 - The driver should doff any grossly contaminated PPE and apply clean PPE to decon **(add gown and clean gloves)**
 - Explain the order for cleaning the ambulance **(cleanest to most contaminated) (cab to stretcher)**
 - Explain why wearing PPE is important during cleaning and waste disposal **(aerosols)**
 - If possible, leave waste (linen and PPE) at the hospital. If not, then take it back to your closest EHP station.

Reference: CDC Guidance for EMS

COVID-19 OPERATIONS TRAINING VIDEO

- Available on the EHP Staff Intranet
- Learning Objectives
 - COVID-19 awareness and screening
 - PPE selection, donning/doffing
 - Patient care, movement, and transfer of care
 - Cleaning and disinfection
 - Waste collection and disposal

COVID-19 OPERATIONS TRAINING VIDEO – DONNING/DOFFING REUSE PPE

- Available on the EHP Staff Intranet
- Learning Objectives
 - How to safely don and doff reuse PPE
 - N95
 - Face shield

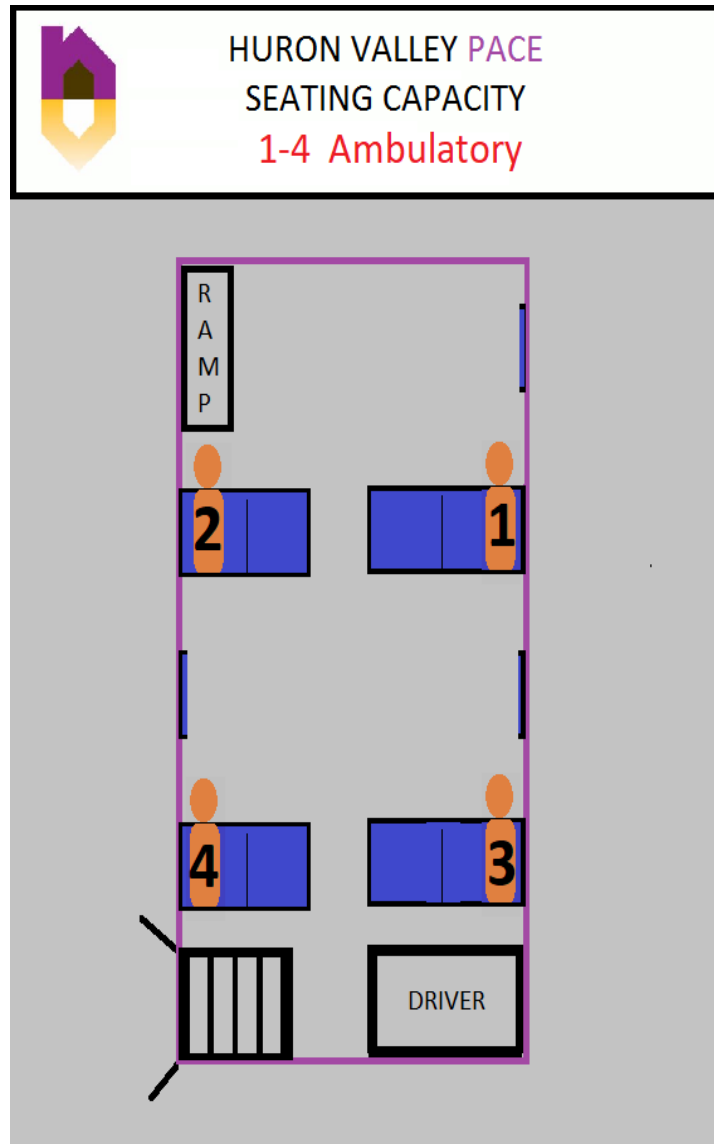
MOBILITY TRANSPORTATION SERVICES

H-VAN

COVID TRANSFER

- **HVAN Preparation**
 - All non-essential items to be removed or placed in a plastic bag or tote.
 - HVAN Supplies
 - COVID SUPPLIES:
 - 6 of each size gloves
 - 3 gowns
 - 1 of each size backup N95
 - 1 backup face shield
 - 2 patient surgical masks
 - 6 trash bags
 - 2 red biohazard bags
 - 1 hand sanitizer
 - Sani hand wipes
 - 1 tub of Stryker disinfecting wipes
 - 1 Trash can
 - AED
- **Operation**
 - **Preparation**
 - Vehicle checklist – Check functions of lift, lights, supplies, etc....
 - Log into Logis per normal
 - Follow the CAD notes for specifics (parking, belongings)
 - **Response**
 - Take your wheelchair and PPE supplies to the patient
 - Contact the nurse for report (confirm the following)
 - Ambulatory
 - Patient belongings
 - Can staff assist in opening doors etc. to the HVAN
 - Avoid paperwork – Take pictures of face sheets/PCS forms
 - Plan for entry into the residence
 - Don PPE
 - Secure the patient to the HVAN
 - Doff PPE (except N95)(clean face shield)
 - **Transport**
 - If your patient requires further assessment or medical needs, request an ambulance first (emergency button), don your PPE and provide care to the level your trained in or comfortable providing.
 - **Arrival at destination**
 - Ensure access and route to the patient's residence is possible
 - Don PPE
 - Release the patient and attempt to avoid any patient contact

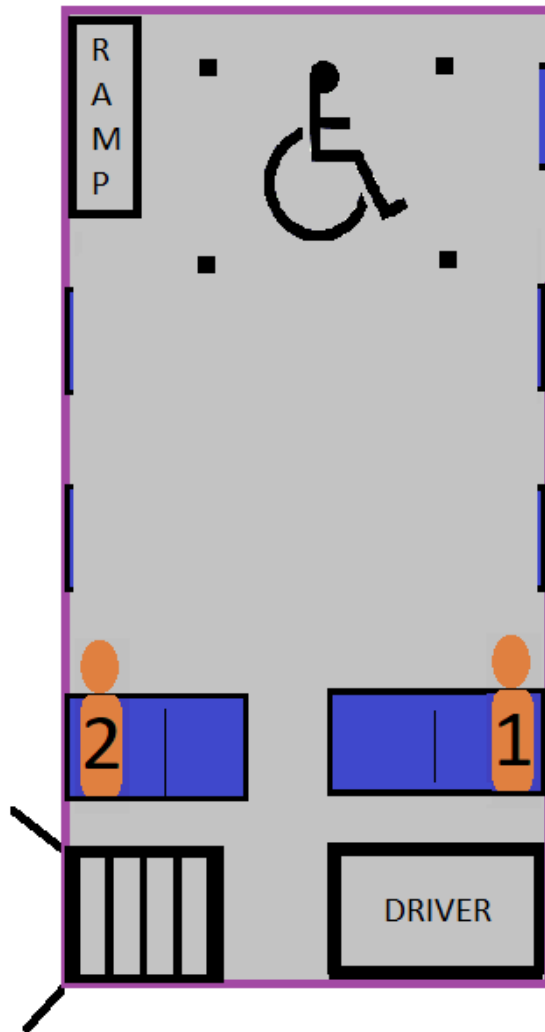
SEATING DIAGRAMS





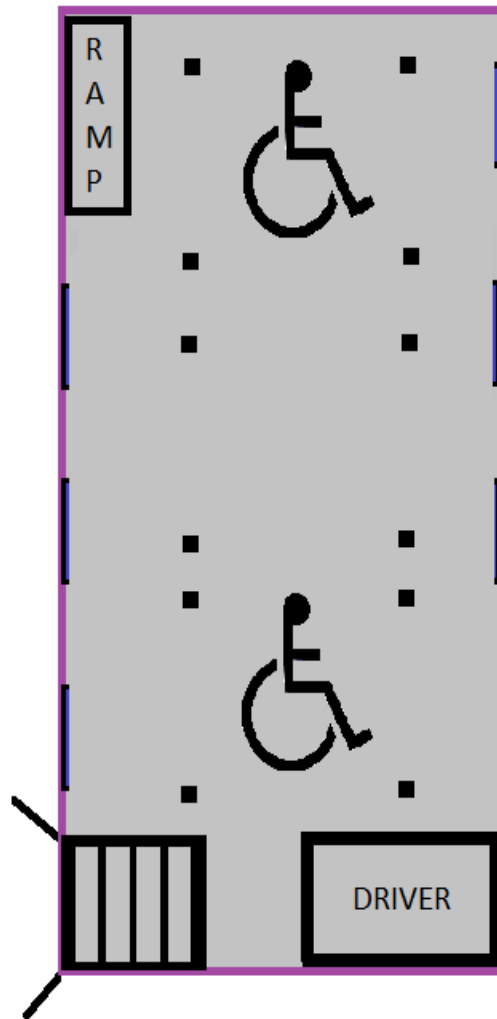
HURON VALLEY PACE SEATING CAPACITY

2 AMBULATORY AND 1 WHEELCHAIR





HURON VALLEY PACE
SEATING CAPACITY
2 WHEELCHAIR



APPENDIX

- 1) [Respiratory Protection Plan](#)
- 2) [Emergent Health Partners Room Occupancy](#)
- 3) [Interim Enforcement Response Plan for Coronavirus Disease 2019](#)
- 4) [OSHA Enforcement Memo](#)
- 5) [CDC Enforcement Memo](#)
- 6) [Michigan Department of Health and Human Services Dispatch Screening for COVID-19](#)
- 7) [Michigan Department of Health and Human Services Personal Protection During Treatment of Patients at Risk for Coronavirus Disease and Decontamination](#)
- 8) [AE-01 Station Rules and Regulations](#)
- 9) [AI-10 Disposal of Infectious Waste \(Sharps\)](#)
- 10) [AI-11 Disposal of Infectious Waste \(Non-Sharps\)](#)
- 11) [AI-12 Disposal of Regulated Biohazard Waste Container](#)
- 12) [AI-19 Specific Infection Control Procedures for Cleaning of Ambulance and Equipment](#)
- 13) [AI-20 Employee Training](#)
- 14) [AO-03 Written Hazard Communications](#)
- 15) [Annual Fit Testing and User Seal](#)
- 16) [N95 Fit Testing I-Form](#)
- 17) [Employee Notifications](#)

RESPIRATORY PROTECTION PLAN - 1910.134

SCOPE

This written respiratory program has been prepared for the Huron Valley Ambulance Hazmat team. It applies to all employees assigned to wear a powered air-purifying respirator (PAPR).

OBJECTIVE

To outline standard operating procedures for the use, maintenance, and care of hooded powered air purifying respirators (PAPR).

DEFINITIONS

PAPR is a loose-fitting positive pressure respiration hood piece. This head piece system, when combined with an appropriate powered air purification blower unit or supplied air system, is designed to provide respiratory protection against the following:

1. Particulates (dusts, fumes, mists, radioactive, and asbestos).
2. Organic vapors
3. Inorganic Gases
4. Chemical hazards during decontamination
5. Exposures to TB when N95 Respirator use is deemed not appropriate.

POLICY

The powered air-purifying respirator (PAPR) will be used by the hazmat team members during special pathogen transports and pre-hospital hazmat scenes to treat and transport patients after gross contamination has been performed by the local fire departments and or county hazmat team.

Designated coordinators or designees are responsible for ensuring compliance with this policy as follows.

Supplying respiratory protection to employees at no cost to employees where use is required

Ensuring that employees undergo medical surveillance and are properly trained before utilizing the PAPR These employees must also receive required refresher training

Ensuring that employees are up-to-date for medical surveillance

Maintaining records of employee participation in the Respiratory Protection Program

PROVISIONS

It is the responsibility of the coordinator or designee to update HR on the new employees assigned to job duties that necessitate the use of PAPR.

1. Medical Surveillance
 - a. This will at minimum consist of an employee completion of a medical questionnaire.

- b. All information pertaining to medical surveillance will be kept in the employee's medical record.
 - c. No employee will be permitted to perform tasks requiring the use of a respirator until it is determined that their health and physical condition will enable them to do so safely.
2. Selection Criteria
- a. The hooded powered air-purifying respirator (PAPR) will be used by employees when transporting special pathogen patients and during pre-hospital incidents after gross decontamination has been performed by the local fire departments or county hazmat team.
3. Procurement
- a. Only those personnel who have received training will be allowed to use the PAPR.
 - b. Once procurement has occurred, the receiver is responsible for ensuring that the PAPR and its component parts are returned undamaged. If damage or loss of equipment does occur.
4. Maintenance, Storage, Cleanliness
- a. A PAPR cartridges and canisters should be removed from the PAPR unit and stored inside the bag/vest with both front and rear caps installed
 - b. For non-infectious contaminants requiring particulate filtration, change the cartridge when sufficient airflow cannot be obtained. If exposed to chemical or biological warfare agents, cartridges should be disposed of appropriately after use.
 - c. After each use. 3M PAPR systems should be appropriately cleaned and sanitized. Cleaning procedures must be site-specific and based on known or suspected contaminants. PAPR components (motor/blower, battery, breathing tube) and
 - d. hoods Should not be submersed in liquids.
 - e. PAPR – exposed to special pathogens may be disposed depending on the risk vs benefit of furthering exposures to employees. At the coordinator and VP's discretion.
 - f. PAPR components may be wiped down (10-15 minutes) with a damp towel or sponge. Aqueous cleaning solutions containing up to 5% household/laundry bleach (e.g. 1-part bleach to 4-part water) with contact time of 30 minutes. This will be effective for both the chemical and biological agents.
 - g. Special pathogens
 - i. Use hydrogen peroxide solutions.
 - ii. Keep equipment isolated and OOS for 2X the life expectancy of the pathogen.
 - iii. Non-rechargeable Lithium Batter — The acceptable temperature range for storage of lithium batteries is -40°C (-40°F) to 70 °C (158°F)- Exceeding this temperature range may cause permanent damage to the battery.
 - iv. The non-rechargeable lithium battery 520-04-57 is expected to provide 12 hours of service when new. During storage at room temperature. 't will lose approximately 1% of its charge per year. Therefore, a battery stored at 20°C (60°F) for 10 years will lose up to of its charge. Because the lithium battery is non-rechargeable and has a long shelf-life. There is no need for periodic battery charging.
 - v. Hazmat team will be responsible for cleaning and storing devices.
5. Training
- a. Prior to utilizing these devices, employees must first receive training on the proper use, limitations, and maintenance of the PAPR's, as required by ANSI 288.6.
 - b. Training of employees and supervisors will be facilitated by the site coordinator or designee.

- c. Employees shall not be allowed to use a respirator without adequate training and demonstrated competency.
- d. Departments are responsible for ensuring that all employees determined to need these devices have received proper training, and that this training is documented.
- e. Training of designated employees shall be completed upon initial employment or transfer into identified job assignment, and annually thereafter.
- f. Content-All employees participating in the PAPR program must be instructed on the following:
 - i. Use Instructions: Each employee will practice and demonstrate how to properly don, doff, adjust and wear the respirator. Manufacturer's specifications will be followed for proper use of this device.
 - 1. Airflow Indicator Use Instructions: Employees must be instructed on how to use the airflow indicator. This device will show the use when a low airflow condition exists, which could result in permanent injury or death. Airflow should be Checked before every use.
 - 2. Respirator Limitation: The limitations of PAPR's will be thoroughly discussed during training. Each user will at minimum, be familiar with the following limitations:
 - 3. Air-purifying type respirators must NOT be worn in atmospheres & determined to be immediately Dangerous to Life or Health (IDLH). An IDLH atmosphere is one that poses an Immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous concentration of hazardous chemicals and all oxygen deficient atmosphere.
 - 4. This device is a filtration device only and will not protect against fumes, gasses, smoke. or vapors, nor will it provide supplemental oxygen in oxygen-deficient atmospheres.
 - 5. Under no circumstances will a respirator issued for a specific job be used for any other job.
 - ii. Safety Precautions: The safety precautions to be taken when wearing this device will be thoroughly discussed during training. Each user will at minimum, be familiar with the following safety precautions:
 - 1. Do not use these respirators in confined spaces areas of poor ventilation, or explosive atmospheres.
 - 2. If you sense warning signals such as unusual tastes or smells, eye, nose or throat irritation, breathing difficulty, dizziness, nausea. or if the respirator becomes damaged or nonfunctional during use, alert partner for possible decontamination and doffing.
 - 3. Do not use this respirator where sparks or flames can contact the cartridge or respirator.
 - 4. Do not alter or modify this respirator in any way. Use only manufacturer recommended parts for replacement parts. Use of unauthorized parts voids NIOSH approval and may damage the respirator.
 - 5. Do not enter as contaminated area without wearing the respirator.

6. Do not remove the filter in a contaminated area.
7. Make sure that all airline clamps are tight before using the respirator.
- iii. Practice in Test Atmosphere: Prior to respirator use, each employee will be required to participate in the following training activities:
 1. Have an opportunity to handle a PAPR
 2. Be able to wear it in a normal environment for a familiarity period
 3. Be able to wear it under simulated conditions.
- iv. Inspection: Proper respirator inspection procedure will be taught to the user during initial and subsequent training programs. PAPRs must be inspected by user prior to each use.
- v. Damaged Equipment: At no time shall any employee use a damaged respirator. Damaged respirators will be taken out of service immediately. 3M Company will be consulted for repairs. If repair is possible, only manufacturer-approved replacement shall be used.
- vi. Cleaning Procedures
 1. Storage: PAPRs are stored in designated areas. These devices will be stored in a clean, dry and secure location and batteries will remain fully charged and on trickle chargers always.
- vii. Fit Testing: No fit testing is required with these devices since it is positive pressure respiratory protection (ANSI Z-88.6).
- viii. Recordkeeping: The coordinator will maintain a record of training attendance for this program, whereas, a copy of training record will be kept in employee file, this documentation will include the following items:
 1. Date of inspection
 - a. Name of inspector
 - b. Results of inspection and remedial actions taken to correct any problem detected.
 - c. Hazmat coordinator will submit all medical records to the HR department. An employee record will not be released unless the employee is given written permission to do so..

REFERENCES

OSHA Respiratory Protection Standard 29 CFR 1910.134

MIOSHA Respiratory Protection, Part 451

ANSI.Z-88.2 Standard Practices for Respiratory Protection ANSI Z-88.6 Physical Qualifications for Respirator use

Detroit Medical Center – Wayne State University

Emergent Health Partners Room Occupancy and Social Distancing Spreadsheet

ANN ARBOR

Room	Room Capacity (110)
Conf. A	6
Conf. B	5
Conf. C	10
Conf. D	6
Conf. E	5
Classroom 1	10
Classroom 2	10
Classroom Combined	10

PLYMOUTH

Room	Room Capacity
Classroom/Conf. Room	10

JACKSON

Room	Room Capacity (110)
Conf. Room	6
Classroom	10

LIFE CARE

Room	Room Capacity (110)
Conf. Room	2
Classroom	7

INTERIM ENFORCEMENT RESPONSE PLAN FOR CORONAVIRUS DISEASE 2019 (COVID-19) MAY 19, 2020.

MEMORANDUM FOR:

REGIONAL ADMINISTRATORS
STATE PLAN DESIGNEES

THROUGH:

AMANDA EDENS
Deputy Assistant Secretary

FROM:

PATRICK J. KAPUST, Acting Director
Directorate of Enforcement Programs

SUBJECT:

Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)

This Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19) provides instructions and guidance to Area Offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports. On May 26, 2020, the previous memorandum on this topic^[1] will be rescinded, and this new Updated Interim Enforcement Response Plan will go into and remain in effect until further notice. This guidance is intended to be time-limited to the current COVID-19 public health crisis. Please frequently check OSHA's webpage at www.osha.gov/coronavirus for updates.

Eliminating hazards from COVID-19 remains a top priority for OSHA. Because the government and the private sector have taken rapid and evolving steps to slow the virus's spread, protect employees, and adapt to new ways of doing business, at this time, the rate of new cases, new hospitalizations, and deaths are decreasing in most parts of the country. As workplaces reopen, OSHA will continue to ensure safe and healthy conditions for America's working men and women pursuant to the following framework:

- In geographic areas where community spread of COVID-19 has significantly decreased, OSHA will return to the inspection planning policy that OSHA relied on prior to the start of the COVID-19 health crises, as outlined in the OSHA Field Operations Manual (FOM), CPL 02-00-164, Chapter 2, when prioritizing reported events for inspections, except that:
 - OSHA will continue to prioritize COVID-19 cases;
 - OSHA will utilize non-formal phone/fax investigations or rapid response investigations in circumstances where OSHA has historically performed such inspections (e.g., to address formal complaints) when necessary to assure effective and efficient use of resources to address COVID-19-related events; and
 - In all instances, the Area Director (AD) will ensure that CSHOs utilize the appropriate precautions and personal protective equipment (PPE) when performing inspections related to COVID-19.

EMERGENT HEALTH PARTNERS (EHP) ACKNOWLEDGES AND IS ACTIVELY FOLLOWING THE MEMORANDUM FOR OSHA ENFORCEMENT MEMOS, [WEBPAGE](#) AS AMENDED

OSHA Enforcement Memos

Enforcement memos may provide agency policies and/or supplementary enforcement guidance, and some memos may include an interpretation of an OSHA standard. These memos are collected by topic on this webpage. Memos that provide new or revised agency policies are signed by the Assistant Secretary, and those providing only supplementary enforcement guidance are signed by the Director of Enforcement Programs. The enforcement memos that provide interpretations of OSHA standard are also posted chronologically on the OSHA webpage for [Standard Interpretations](#).

- [By Topic](#)

Aircraft Flight Attendants

- **04/01/2014** - [Applicability of Certain OSHA Standards to Cabin Crew Members on Aircraft in Operation](#) - [1910.95; 1910.1030; 1910.1200]

Anti-retaliation

- **10/11/2018** - [Clarification of OSHA's Position on Workplace Safety Incentive Programs and Post-Incident Drug Testing Under 29 C.F.R. §1904.35\(b\)\(1\)\(iv\)](#) - [1904.35(b)(1)(iv)]
- **11/10/2016** - [Interim Enforcement Procedures for New Recordkeeping Requirements Under 29 CFR 1904.35](#) - [1904.35; 1904.41]

Beryllium Standards

- **12/11/2018** - [Updated Interim Enforcement Guidance for the Beryllium Standards](#) - [1910.1024; 1926.1124; 1915.1024]
- **03/02/2018** - [Delay of Enforcement of the Beryllium Standards under 29 CFR 1910.1024, 29 CFR 1915.1024, and 29 CFR 1926.1124](#) - [1910.1024; 1915.1024; 1926.1124]

Combustible Dust

- **04/21/2015** - [Evaluating Hazardous Levels of Accumulation Depth for Combustible Dusts](#) - [1910.22; 1910.22(a)(1); 1910.22(a)(2); 1910.176; 1910.176(c)]

COVID-19, Novel Coronavirus

- **05/19/2020** - [Updated Interim Enforcement Response Plan for Coronavirus Disease 2019 \(COVID-19\)](#)
- **05/19/2020** - [Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#) - [1904.1(a)(1); 1904.5; 1904.7]
- **04/24/2020** - [Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- **04/16/2020** - [Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

EMERGENT HEALTH PARTNERS (EHP) ACKNOWLEDGES AND IS ACTIVELY FOLLOWING THE MEMORANDUM FOR [THE US CENTERS FOR DISEASE CONTROL AND PREVENTION \(CDC\), CORONAVIRUS DISEASE 2019 \(COVID-19\)](#), AS AMENDED

MDHHS – DISPATCH SCREENING GUIDELINES FOR COVID-19



Michigan ***EMERGENCY* COVID-19 PANDEMIC DISPATCH SCREENING GUIDELINES FOR COVID-19 OUTBREAK**

Initial Date: 03/11/2020
Revised Date: 04/27/2020

Section 14-03

Dispatch Screening Guidelines for COVID-19 Outbreak

Purpose: To outline screening criteria for PSAPs and EMD centers.

- I. **Caller Inquiries/COVID-19 Screening:**
 - A. PSAPs who perform EMD services and EMS agency EMD centers should perform modified caller inquiries/focused screening.
 - B. Through the normal EMD caller interrogation process, patients should be considered as screening for COVID-19 who report symptoms of:
 1. Fever or chills,
 2. cough,
 3. sore throat,
 4. shortness of breath,
 5. muscle pain,
 6. headache,
 7. loss of sense of taste/smell, OR
 8. that report a diagnosis or have suspected COVID-19
 - C. All callers should be inquired as to these symptoms or considerations for ALL members of the household, regardless of the nature of the initial call or who the patient in question is at the time. This may occur after standard EMD caller interrogation
 - D. Any indication for the above symptoms or considerations for any member of the residence will be relayed to responding personnel to don appropriate COVID-19 PPE.
- II. For PSAPs not currently performing EMD services (or transferring callers to secondary EMD Centers), when information is volunteered by the caller indicating the patient may have the above symptoms advise responders to don PPE. This should be done in accordance with local PSAP policies and should not delay EMS dispatch.

MCA Name:
MCA Board Approval Date:
MCA Implementation Date:
Protocol Source/References: <https://icsw.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines/>

Page 1 of 2

MDHHS – PERSONAL PROTECTION DURING TREATMENT OF PATIENTS AT RISK FOR CORONAVIRUS DISEASE AND DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT



Michigan *EMERGENCY* COVID-19 PANDEMIC

Personal Protection During Treatment of Patients at Risk for Coronavirus Disease (COVID-19) and Decontamination of Equipment after Use

Initial Date: 02/12/2020
Revised Date: 04/27/2020

Section 14-05

Personal Protection During Treatment of Patients at Risk for Coronavirus Disease (COVID-19) and Decontamination of Equipment after Use

Purpose: To outline infection prevention and personal protection when providing treatments for patients who are at risk for COVID-19. To outline the appropriate decontamination for people, equipment, and vehicles utilized in treatment and transport of patients at risk for COVID-19.

- I. **Applicable patients –**
 - a. Patients who have been identified prior to arrival as at risk for COVID-19 by a 911 Public Safety Answering Point (PSAP) and/or Emergency Medical Dispatch Center (EMDC), local health department, other healthcare provider (urgent care, long term care) or CDC quarantine station.
 - b. Patients encountered by EMS personnel who have signs and symptoms of respiratory illness (cough, shortness of breath, sore throat, loss of taste/smell) or fever (including subjective by history), chills, repeated shaking with chills (rigors), muscle pains, or headache.
- II. **Personal Protection –**
 - a. Standard, contact, and airborne precautions must be observed if within six feet of patient.
 - i. **Standard precautions** - The principle that all blood, body fluids, secretions, excretions except sweat, nonintact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
 - ii. **Contact precautions** - intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Strict hand hygiene must be performed after each patient encounter and after doffing gloves.
 - iii. **Airborne precautions** – intended to prevent transmission of infectious agents that remain infectious over long distances when suspended in the air. EMS personnel caring for patients on Airborne Precautions wear an N95 or higher-level respirator or mask that is donned prior to room entry. Personnel who are not providing aerosolized treatments and not in close proximity (in the closed compartment of the ambulance) with a patient with active respiratory symptoms may use a surgical mask in lieu of an N95 respirator.
 - b. Contact with these patients should include the use of eye protection/face shield.
 - c. All patient contacts should include universal source control:

MCA Name:
MCA Board Approval Date:
MCA Implementation Date:

Page 1 of 4

Protocol Source/References: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>,
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html>

AE-01 STATION RULES AND REGULATIONS

AE-01 - Station Rules and Regulations

AE-01 - Station Rules and Regulations

Ambulance Operations Policy - AE-01

Subject: Station Rules and Regulations

Effective Date: 3/11/1983 - Last Review: August 25, 2018

Policy:

To provide a standardized set of rules and regulations regarding the access, use, and maintenance of ambulance sub-stations to ensure cleanliness, appearance, and safety.

Procedure:

1. All stations will always be kept neat and clean. Station cleaning is to be done immediately after the unit checklist and unit cleaning has been finished. If the station is not cleaned in the early part of the shift due to an early call or special detail, it will be done as soon as the days call volume and details will allow. Specifically, crews are responsible for the following:
2. Trash will be emptied daily from the living quarters into large receptacles in the garage area. Garage receptacles will be emptied at least weekly. Wastebaskets and trashcans will be washed out with detergent as needed. Plastic trash bags will always be used. Trash will be disposed of (curb pick-up or dumpster) per the specific station requirements.
3. Sinks, toilets, counter tops, microwaves, refrigerators, etc., will be washed daily. Appropriate cleaning solutions and materials will be used. All chemicals and solutions shall be stored in proper containers with content labels affixed to them. Improperly labeled or unlabeled containers are not to be used and must be reported immediately to supervision.
4. Floors in both quarters and garage are to be swept daily. Tile floors in quarters will be mopped as needed. Tile floors will be periodically waxed by a contracted company through the facilities office. Garage floors will be hosed down as needed. Carpets in need of shampooing should be reported to your supervisor.
5. No food is to be left in the refrigerators by off-going crews. Refrigerators are only large enough to store food for one crew. Any items left may be discarded. The only exception to this is condiments such as ketchup, mustard, etc.
6. Any cleaning materials or paper products needed should be requested when calling in for resupply items.
7. Station access shall be limited to only on-duty crews assigned to the specific station and supervisors.
8. Individual employees are not to have personal keys to any substation. Combination lock codes are not to be given out to non-company employees.
9. No visitors are allowed at any substation unless a supervisor grants prior approval. Unless otherwise approved by supervision, visitors and/or third riders must leave by no later than 2300 hours. Refer to the Third Rider Policy.
10. Station doors and windows shall remain closed and locked when the station is not occupied.
11. Overhead garage doors shall always be kept closed, unless the crew is physically present in the garage or can ensure that the unit, equipment, and supplies in the garage can be seen and security maintained.
12. No visitors are allowed at the Chrysler Proving Grounds station at any time. No personal vehicles are allowed past the Proving Grounds gate.
13. Personal cars may be washed in substations after all ambulance and station cleaning and maintenance has been done. No mechanical repairs, oil changes, etc., are to be done on personal vehicles in any substation. You must use your own supplies for washing. Cars are to be removed immediately after washing. Personal vehicles are not to be parked in substations.
14. Substations used by HRU crews are to be cleaned as needed by all crews using them.
15. Animals are not allowed in any company facilities except for certified "service animals" who are actively performing their specialized function at the time.
16. Crew and Station Safety
17. Each substation shall be equipped with a smoke detector mounted near the sleeping area. Crews shall test the unit each Sunday by depressing the test button. Failure of the unit should be immediately reported to the supervisor on duty.
18. If quarters are equipped with a stove, extreme care is to be exercised, especially when leaving the station on a call. Make sure it is turned off. Stations not equipped with a stove/range will be equipped with a microwave oven. No other cooking appliances or devices are allowed to be used within the building. If a barbeque grill is used, it must be used outside and never near the building.
19. When operating either company or personal vehicles on any property in or around substations, all posted regulations and rules shall be followed. Do not leave vehicles running while parked inside a garage bay. Reckless and/or careless operation of any vehicle will result in disciplinary action.

AI-10 DISPOSAL OF INFECTIOUS WASTE (SHARPS)

AI-10 - Disposal of Infectious Waste (Sharps)

Ambulance Infection Control Policy - AI-10

Subject: Disposal of Infectious Waste (Sharps)

Effective Date: 2/14/1988 - Last Update: 02/24/2017

Contaminated "Sharps" is defined as any contaminated object that can penetrate the skin, and any object which could be perceived as being contaminated and able to penetrate the skin. This includes, but is not limited to needles, scalpels, broken glass (such as from medication vials), glucometer lancets, etc. Items which can be perceived as being contaminated and able to break the skin include but are not limited to syringes regardless of whether a needle is attached and IV tubing spikes not attached to IV bags. If there is any question whether or not an item is a sharp, treat it as a sharp and dispose of it in an appropriate sharps container. Blunts used in needless IV systems and self-protecting IV catheters are to be treated as sharps and disposed of accordingly.

Sharps Containers:

Sharps containers are to be closable, puncture resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. All sharps containers are available from the resupply departments.

All ALS ambulances will carry a sharps container in the patient compartment. ALS unit sharps containers will be supplied in the following manner:

- A. Each ALS unit sharps container will be assigned a number.
- B. Each ALS unit sharps container will be assigned an expiration date (two months from date issued).
- C. The following information will be printed on the ALS unit sharps container:
 1. Assigned number
 2. Date issued
 3. Expiration date
 4. Ambulance box was assigned
 5. Warning sticker of biohazard contents
- D. The resupply department will maintain an ALS unit sharps container log inclusive of the following information:
 1. Assigned number
 2. Date issued
 3. Expiration date
 4. Ambulance box was assigned
 5. Date returned to resupply department

All ALS ambulances will carry a portable puncture resistant and leak proof sharps container in the ALS jump kit. It will be marked with the date issued when given out by resupply.

All BLS ambulances will carry one single use sharps container. BLS sharps containers will not be assigned numbers or expiration dates and will not be entered into the sharps container log book.

Use of the Sharps Container:

Contaminated sharps are discarded immediately or as soon as possible in the provided sharps containers. Sharps, as defined above, will be placed into the sharps container in the following manner:

- A. Every effort will be made to place the sharps container within easy reach of medical personnel performing procedures that may generate contaminated sharps.

AI-11 DISPOSAL OF INFECTIOUS WASTE (NON-SHARPS)

AI-11 - Disposal of Infectious Waste (Non-Sharps)

Ambulance Infection Control Policy - AI-11

Subject: Disposal of Infectious Waste (Non-Sharps)

Effective Date: 2/14/1988 - Last Update: 02/24/2017

Non-sharps infectious waste includes, but is not limited to, any disposable, non-sharp item or material that becomes contaminated with blood, urine, fecal matter, vomitus or other bodily fluids or tissue.

Non-sharps contaminated waste will be disposed of in the following manner:

1. Items will be placed into a red biohazard bag and sealed.
2. The sealed biohazard bag will be placed into a second red biohazard bag and sealed as well.
3. Sealed red biohazard bags will be placed into the biohazard waste container supplied by our waste management service. The biohazard waste container will be kept at the main station in a locked area.

AI-12 DISPOSAL OF REGULATED BIOHAZARD WASTE CONTAINER

AI-12 - Disposal of Regulated Biohazard Waste Container

Ambulance Infection Control Policy - AI-12

Subject: Disposal of Regulated Biohazard Waste Container

Effective Date: 2/14/1988 - Last Update: 02/24/2017

Regulated biohazard waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Disposal of the biohazard waste container provided by the waste management service will be conducted as follows:

- A. The biohazard waste container will be disposed of when the container is nearly full (approximately one inch air space remaining).
- B. The container will be inspected for leaks, protruding objects and general integrity. This inspection should be conducted by one of the operations support technicians or a supervisor.
- C. After inspection, the inner red liner will be sealed. The container will be closed and sealed.
- D. Our waste management service provider will be called to remove the container.
- E. Personnel from the waste management service will inspect the container prior to removal.
- F. The waste management service personnel will sign a manifest for the container. A copy of the manifest will be held by operations to be placed with the final copy when it arrives from the waste management service.

AI-19 SPECIFIC INFECTION CONTROL PROCEDURES FOR CLEANING OF AMBULANCE AND EQUIPMENT

AI-19 - Specific Infection Control Procedures for Cleaning of Ambulance and Equipment

Ambulance Infection Control Policy - AI-19

Subject: Specific Infection Control Procedures for Cleaning of Ambulance and Equipment

Effective Date: 2/14/1988 - Last Update: 02/24/2017

General Routine Cleaning and Disinfection Methods Should be Used Throughout the Vehicle

Visible soil, blood, and other items should be removed from the item or surface before the disinfectant is applied.

Cleaning and disinfection should be done as soon as possible after the item and surfaces have been used. Disinfectants should be used according to the manufacturer's instruction. Adhere to any safety precautions or other recommendations as directed.

Contaminated reusable patient care devices and equipment should be placed in clearly marked biohazard bags for appropriate cleaning and disinfection.

Disposable equipment should be appropriately bagged and disposed of.

Frequently touched surfaces in patient-care compartment that becomes contaminated should be cleaned and then disinfected. Ensure the disinfectant is applied to the surface for the full contact time, or kill time, as specified by the manufacture.

Non-patient care areas of the vehicle may become indirectly contaminated. If the surface becomes contaminated, clean and disinfect per the vehicle manufacturer's recommendations.

Airways (ET, EOA, Oral, Nasal):

Dispose of as outlined in the section of these ECPs titled Disposal of Infectious Waste (Non-sharps). Do not dispose of at receiving facility.

Ambulance:

- A. Clean any spills of blood or bodily fluid inside or outside the ambulance with germicide spray until all blood or bodily fluids are removed, then soak with germicide and allow to sit wet for at least 10 minutes before drying
- B. Clean interior at least once daily. Use germicide spray on the floor, walls, compartments, seats, handrails, ceiling, and door handles.
- C. Exterior should be cleaned with water and car wash soap at least once daily.
- D. All windows should be cleaned with window cleaner at least once daily.
- E. At the end of each shift, all laundry and waste must be removed.

Backboards:

Clean with germicide spray until all blood or other potentially infectious materials are removed, then soak with germicide and allow to sit wet for at least 10 minutes before drying.

Bag-valve-masks:

Dispose of as outlined in the section of these ECPs titled Disposal of Infectious Waste (Non-sharps). Do not dispose of at receiving facility.

Blood Pressure Cuffs and Meters:

- A. For general cleaning, clean with germicide until all dirt is removed, then soak with germicide and allow to sit wet for at least 10 minutes before drying.
- B. If contaminated with blood or other potentially infectious materials, remove the blood pressure cuff sleeve, place in double red bags, and return to the station for laundering. Clean the bladder, tubing, and sphygmomanometer with germicide until all blood or other potentially infectious materials are removed, then spray with germicide and allow to sit wet for 10 minutes before drying.

AI-20 EMPLOYEE TRAINING

AI-20 - Employee Training

Ambulance Infection Control Policy - AI-20

Subject: Employee Training

Effective Date: 2/14/1988 - Last Update: 02/24/2017

All employees who have occupational exposure to bloodborne pathogens or tuberculosis (TB) receive training conducted by the Quality Manager or individuals who are trained to be knowledgeable and qualified to give this training. Qualifications include seminars and training on blood borne pathogens and TB, as well as on MIOSHA requirements for bloodborne pathogens and TB. The Quality Manager will ensure that all individuals who give employee training are qualified to do so.

All employees who have occupational exposure to bloodborne pathogens and/or tuberculosis receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases and tuberculosis. In addition, the training program covers, at minimum, the following elements:

- A. A copy and explanation of the MIOSHA BBP standard
- B. An explanation of the ECP and how to obtain a copy
- C. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and other potentially infectious diseases (OPIM) or to TB, including what constitutes an exposure incident.
- D. An explanation of the use and limitations of engineering controls, work practices, and personal protective equipment (PPE)
- E. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- F. An explanation of the basis of PPE selection
- G. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- H. Information on the Mantoux PPD skin test for TB
- I. Information on the appropriate actions to take and persons to contact in an emergency involving blood, OPIM, or TB
- J. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be available
- K. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- L. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- M. An opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available from the Quality Manager or designee.

AO-03 WRITTEN HAZARD COMMUNICATIONS

AO-03 - Written Hazard Communications

AO-03 - Written Hazard Communications

Operations Policy and Procedure - AO-03

Subject: Written Hazard Communications

Effective Date: January 28, 1994 - Last Review: August 28, 2018

Policy:

The company believes in providing a safe working environment for all members of its staff. The following Hazard Communication Program is adopted for this purpose. This program is available for review by all employees and volunteers.

Procedure:

Hazard Determination

Material safety data sheets (MSDS) from suppliers will be utilized to meet determination hazard requirements.

Labeling

- A. The Fleet and Facilities Manager will be responsible for ensuring that all containers coming in are properly labeled.
- B. All labels shall be checked for:
 - a. Identity
 - b. Hazard
 - c. Name and address of responsible party
- C. Each employee shall be responsible for making sure that all portable containers used in his/her work area are labeled with identity and hazard warning.

Material Safety Data Sheets (MSDS)

- A. The Fleet and Facilities Manager is responsible for compiling the master MSDS file. It will be kept in the office of the Fleet and Facilities Director, available in the Communications centers and made readily available via online system.
- B. MSDS sheets will be available for review by all employees during each work shift. Copies will be available upon request to the Fleet and Facilities Manager or duty supervisor.
- C. The employee work areas will be provided with the required MIOSHA "Right-To-Know" posters and postings notifying employees of new or revised MSDSs within five (5) days of receipt of new or revised MSDSs. The Fleet and Facilities Manager is responsible to assure all postings are up to date.

Employee Information and Training

- A. The Human Resources Director shall maintain records of training conducted for all divisions.
- B. Before beginning work or as soon as possible thereafter, each new employee will attend a required safety class. In that class, each employee will be given information on:
 - a. Chemicals and their hazards in the work place
 - b. How to lessen or prevent exposure to these chemicals
 - c. What the company has done to lessen or prevent workers' exposure to these chemicals
 - d. Procedures to follow if the employee is exposed
 - e. How to read and interpret labels and MSDSs
 - f. Where to locate MSDSs and from whom copies may be obtained
 - g. The Fleet and Facilities Director will ensure that all new employees receive this training.
- C. The employee will be informed that:
 - a. The employer is prohibited from discharging or discriminating against an employee who exercises his/her rights regarding information about hazardous chemicals in the work place
 - b. As an alternative to requesting an MSDS from the employer, the employee may obtain a copy from the Department of Public Health. A sign will be posted with the address and telephone number of the department responsible for such requests.
 - c. Attendance will be taken at training sessions. These records will be forwarded to the Human Resources Director.
 - d. Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the safety class.

ANNAUL FIT TESTING AND USER SEAL - 1910.134 APP

3M Science.
Applied to Life.™

Guide to 3M qualitative fit testing.



Reusable half masks



Filtering facepiece respirators

3M™ FT-10 (sweet) and 3M™ FT-30 (bitter) fit test kits are suitable for filtering facepiece respirators and half-face masks fitted with particulate or combination filters.

! Wearers must be clean shaven to get a good fit with a respirator for the fit test and every time the respirator is worn.

! Please note that in order to carry out a full fit test, all the steps detailed below must be followed (parts one and two).

The taste test

Part one: the sensitivity test

- 1 Add half a teaspoon of sensitivity solution (in red labelled bottle) into the sensitivity nebuliser (marked in red).
- 2 Put test hood on person.
- 3 Ask person to breathe through their mouth with their tongue at the front and ask them to indicate immediately when they taste solution.
- 4 Slowly squeeze solution into the hood and count the number of squeezes it takes for the solution to be tasted.
- 5 Ask the person to take a drink of water and wait until the taste has cleared, making sure that they wipe their lips to remove any traces of solution.



Stop the test if solution is not tasted after 30 squeezes.

Try an alternative solution:

Sweet taste 3M FT 11 (Sensitivity solution)
3M FT12 (Fit test solution)

Bitter taste 3M FT 31 (Sensitivity solution)
3M FT32 (Fit test solution)

3M Personal Safety Division
3M Centre, Cain Road, Bracknell, Berkshire RG12 8HT, Tel: 0870 60 800 60
Personal Safety Division
3M Ireland, The Iveagh Building, The Park, Carrickmines, Dublin 18, Ireland

Part two: the fit test

- 1 Add half a teaspoon of the fit test solution (in black labelled bottle) into the sensitivity nebuliser (marked in black).
- 2 Make sure respirator is fitted correctly. Refer to 3M fitting instructions or posters for correct procedure. Please ensure any other headworn PPE required by the wearer is worn during the fit test.
- 3 Put test hood on person.
- 4 Introduce solution in an 'initial dose' and start the exercises.

Number of squeezes needed in part one	Number of squeezes needed for initial dose	Number of squeezes for 'top-up' dose every 30 seconds
1-10	10	5
11-20	20	10
21-30	30	15

Add a 'top-up' dose after every 30 seconds as per below:

- 5 After the initial dose, ask the person to carry out the seven exercises shown in the images to the right for one minute and indicate immediately if solution is tasted. Remember to add 'top-up' dose every 30 seconds.

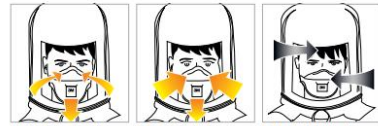
6 Record results

If solution is not tasted after all seven exercises, they have passed the test with that respirator. If solution is tasted, stop test, clean mouth, face and hands, refit respirator and start part one of the test again.

If solution is still tasted on the second attempt, stop test, clean hands, mouth and face, and try another face fit test with an alternative 3M respirator.

In the event of another failure, please call the 3M Health and Safety Helpline on 0870 60 800 60 (UK) or 1 800 320 500 (Ireland).

The seven exercises



1 Breathe normally. 2 Breathe deeply. 3 Head side-to-side.



4 Head up-and-down. 5 Talking. 6 Bend over at waist.



7 Breathe normally.

For 3M fit testing support tools visit 3M.co.uk/fittestrespirator
@3M_UK_Safety

For further information or advice on correct selection and use of 3M PPE, call 3M Personal Safety Division on 0870 60 800 60 (UK) and 1 800 320 500 (Ireland) or visit 3M.co.uk/safety

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N95 FIT TESTING I-FORM

iForm Items

Employee Name	*required	<input type="text"/>
Employee Number	*required	<input type="text"/>
Region / department:	*required	<input type="text" value="Please Select"/>
Administered by:	*required	<input type="text" value="Please Select"/>
Brand:	*required	<input type="text" value="Please Select"/>
Size:	*required	<input type="text"/>
Limitations	*required	<input type="text" value="None"/>
Bitter Test/Sweetener Test	*required	<input type="text" value="Choose One"/>

Mandatory Signature(s)

Signature

EMPLOYEE NOTIFICATIONS

Below are examples of memos, posts, signage, and TV lounge announcements to all employees

COVID19 TIPS

Don't forget to clean and disinfect your stretcher and equipment after every call!

Don't forget to sanitize or wash your hands often for at least 20 seconds. Try not to touch your face, and cough and sneeze into your elbow or tissue.

Don't forget to notify the hospital if you're taking respiratory precautions. This way they can prepare an appropriate room.