# COMPANY NAME COVID-19 Response & Preparedness Plan

Revised May 24, 2021

Our plan is based on information and guidance from the Centers for Disease Control (CDC) and the [Michigan Occupational Health and Safety Administration Emergency Rules](https://www.michigan.gov/documents/leo/MIOSHA_COVID_Emergency_Rules_726100_7.pdf) (MIOSHA) at the time of its development. Because the COVID-19 situation is frequently changing, the need for modifications may occur based on further guidance provided by the CDC, OSHA, and other public officials at the state or local levels.

The spread of COVID-19 in the workplace can come from several sources:

* Co-workers
* Customers
* Guests - visitors/vendors/family members
* The General Public

Definitions. As used in this plan:

(a) “Close contact” means close contact as [defined by the latest United States Centers for Disease Control and Prevention (CDC) guidelines](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) at the time of contact.

(b) “COVID-19” means a viral respiratory illness characterized by [symptoms defined by the CDC](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

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

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

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

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

# RESPONSIBILITIES OF COMPANY NAME SUPERVISORS AND MANAGERS

Company Name has designated the following staff as its COVID-19 Workplace Coordinators: *(include the names, titles, email and phones numbers of the staff that you have assigned)*

The Coordinators responsibilities include:

* staying up to date on federal, state and local guidance
* incorporating those recommendations into our workplace
* training our workforce on control practices, proper use of personal protective equipment, the steps employees must take to notify our business of any COVID-19 symptoms or suspected cases of COVID-19.
* reviewing HR policies and practices to ensure they are consistent with this Plan and existing local, state and federal requirements

All Company Name managers/supervisors must be familiar with this Plan and be ready to answer questions from employees. Additionally, Company Name expects that all managers/supervisors will set a good example by following this Plan. This includes practicing good personal hygiene and jobsite safety practices to prevent the spread of the virus. Managers and supervisors must encourage this same behavior from all employees.

Company Namewill require and keep a record of all self-screening protocols for all employees or contractors entering the worksite, including, at a minimum, a questionnaire covering symptoms and suspected or confirmed cases of COVID -19.

# Workplace controls

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

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

(3) Company Name shall provide non-medical grade face coverings to non-vaccinated employees at no cost to the employee.

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

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

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

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

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

Basic infection prevention measures

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

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

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

(4) Company Name shall use Environmental Protection Agency [(EPA)-approved disinfectants](https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0) that are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.

Health surveillance

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

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

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

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

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

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

(4) When an employer learns of an employee, visitor, or customer with a known case of COVID-19, the employer shall, within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a known case of COVID19.

(5) The employer shall allow employees with a known or suspected case of COVID-19 to return to the workplace only after they are no longer infectious according to the [latest guidelines from the CDC](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html).

# RESPONSIBILITIES OF EMPLOYEES

We are asking each of our employees to help with our prevention efforts while at work. Company Name understands that in order to minimize the impact of COVID-19 at our facility, everyone needs to play his or her part. We have instituted several best practices to minimize exposure to COVID-19 and prevent its spread in the workplace. This includes specific cleaning efforts and social distancing. While here at work, all employees must follow these best practices for them to be effective. Beyond these best practices, we require employees to report to their managers or supervisors immediately if they are experiencing signs or symptoms of COVID-19, as described below. If employees have specific questions about this Plan or COVID-19, they should ask their manager, supervisor or contact Name of Company Officer.

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