

[MEDIUM RISK EMPLOYER’S] COVID-19 Preparedness and Response Plan

**** Sample Only – Please see Disclaimer at end of Plan Sample***
Bracketed material in italics must be customized for each usage*

The Company desires to reinstate its operations in full compliance with the Governor’s Executive Order pertaining to the reopening of its business. The [EMPLOYER] (the “Company”) is legally required to institute and distribute its COVID-19 Preparedness and Response Plan (“Plan”). The Company accordingly enacts its Plan as stated below.

The Plan will be continually updated and supplemented as required by Applicable Authority. As always, the Company strives to take all appropriate measures to protect the safety of its employees, customers, and suppliers. In furtherance of that goal, the Company will continue to monitor guidance from local, state, and federal health officials.

Please review the **Definitions** provided at the end of this Plan to fully understand its terms and provisions. Capitalized terms in this Plan are defined there.

PLAN DIRECTOR

The Company designates the person identified below as its Plan Director. You may contact the Company’s Plan Director as provided below:

Plan Director: _____

E-Mail: _____

Phone: _____

To the extent implementation of this Plan requires on-site guidance or clarification, that will be provided by the Plan Director, consistent with the terms of this Plan, as it may be amended or supplemented. The Plan Director has no authority to amend or directly contradict any terms of this Plan unless and until it is revised in writing and distributed in the same manner as this Plan.

The Plan Director is authorized to temporarily appoint another managerial employee of the Company in his or her stead when the Plan Director determines that he or she will not be available to conduct the duties stated herein for any significant period of time. Such appointment shall be made by notice sent in the same manner as this Plan is distributed.

WORK SITE REQUIREMENTS

You will receive a written notice from Company Management or the Plan Director informing you as to your obligations to return to work. Your Work Site will fit one of the following categories:

A. *Exclusively Remote.* You may not physically appear at or perform any of your duties at the Work Site without express advance written authorization from the Plan Director.

B. *Blended Site.* You may perform your work duties at the Work Site at the times and dates designated by the Plan Director. You must continue to work remotely at all other times.

C. *On-Site.* You must work full time at the Work Site unless and until you are instructed in writing to the contrary.

The Company's Policy on *[the/each]* Work Site is as follows:

1. The number of employees present at a Work Site shall be no more than is strictly necessary. Employees who are able to perform their essential duties remotely may be permitted to work from home in accordance with approved telecommuting arrangements.

2. Only critical infrastructure workers performing necessary work are directed to report on-site, and then only during the time or times designated by the Company.

3. Employees will be permitted to remain home to care for sick family members. Employees doing so must, however, give advance notice to the Employee's direct supervisor or the Plan Director specifying the reason for staying home, and the anticipated number of days during which the Employee shall remain away from the Work Site. The Employee shall then offer updates in the manner and frequency specified by the Employee's contact.

4. The Company will accept but *does not require* a written note from a physician to validate Employees' inability to work. The Company may take reasonable measures to validate COVID-19 symptoms, COVID-19 exposure, or other reasons for not reporting.

COVID-19 TRAINING

On the first day Employees return to the Work Site, and at a designated time and place each week thereafter while the Governor's Stay Home Executive Orders remain in place, the Company will, acting through the Plan Director, provide the following training:

1. Specifying Work Site infection control practices, including the measures stated in or as part of this Plan.

2. Offering instruction on the proper use of all personal protective equipment specified for usage within the Work Site.

3. As of the date of this Plan, each Employee must notify the Plan Director of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19 which have been observed with respect to any Employee who has been in the Work Site. An Employee reporting each such event will identify the infected Employee or other person (including the reporting employee) but shall not identify that infected person to anyone else without the prior written approval of the Plan Director (which will rarely if ever be given).

4. Employees are directed to report any unsafe working conditions to the Plan Director in writing, offering time, place, and date of the unsafe observed condition. Such reports must be made within 24 hours after any unsafe conditions are observed.

DAILY SCREENINGS

To prevent the spread of COVID-19 and reduce the potential risk of exposure, and to comply with Applicable Authorities, the Company screens Employees on a daily basis. Employee Screening will be conducted at the entrance to the Work Site or other place designated by the Plan Director. You must maintain safe social distancing while awaiting screening and to avoid overhearing any discussions concerning another employee's medical condition. Employees are directed to complete the form provided without comment, except in response to any inquiries posed by the Screener. The Screener must wear a mask and/or use a barrier as provided by the Company.

Employees are asked the following questions at the screening site:

1. Are you currently suffering from any of the following symptoms – fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting?

2. Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19?

3. Have you travelled via airplane internationally or domestically in the last 14 days?

If your answer to any of the three questions is yes, access is denied, and you are advised to self-isolate/self-quarantine at home, until you are permitted to return to the Work Site under the terms specified below in the

The Company will use the following device to measure each employee's temperature during the screening: [choose one]

[Touchless Thermometer

Temperature Tablet

Other: _____

None]

WORK SITE CONTROLS

The Company has determined that the Work Site should be classified MEDIUM EXPOSURE RISK in accordance with the guidance provided by Applicable Authorities. The Company will implement the controls specified below to meet the requirements applicable to a Medium Exposure Risk Work Site. The Company reserves the right to revise this classification as to parts or all of the Work Site based upon subsequent experience and developments.

1. No gatherings of more than [6-10] people in any single room are permitted without advance written approval from the Plan Director, which approval may include specified social distancing measures.
2. Staff meetings shall be postponed, cancelled, or held via teleconference (e.g., ZOOM) or phone conference, as may be designated by the person conducting the staff meeting.
3. The point at which an Employee is ordinarily seated or located at a desk, workstation or office will, to the greatest extent possible, be placed six feet apart.
4. The Company will place Shields, Sneeze Guards and similar safety devices at the Reception Desk, conference room tables, employee desks, or other locations within the Work Site where employees are expected to engage in frequent daily interaction with others. The Company reserves the right to determine the need for such devices and to determine the frequency which requires such placement.
5. The Company will provide masks to any customers, clients, suppliers, guests, or others entering the Work Site. Each employee who is the primary contact meeting with any such person must offer a face mask to each such individual, except to any child two years or younger, or any person who states they cannot wear a mask for any validly stated reason.
6. Company Employees are not authorized to ask persons who are not Company Employees for specific information about his or her physical or mental condition, whether they have incurred COVID-19 Symptoms, or whether they have been exposed to any person showing COVID-19 Symptoms, except as is expressly permitted by advance written directive from the Plan Director. Customary general expressions of concern (e.g., “how are you doing?”) are of course permitted.
7. The Company may utilize flexible work hours, wherever possible, to limit the number of employees simultaneously working at a Work Site.
8. Where available, the Company will provide hand sanitizer in high-traffic areas.
9. When and where possible, the Company will increase ventilation rates.
10. The Company will follow the CDC COVID-19 Facility cleaning guidance found at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and attached as Exhibit A, to the extent possible, and to the extent such guidance is consistent with the

specific provisions of Executive Order 2020-91. Required protocols include using disposable gloves to clean and disinfect, routine cleaning (at least twice daily) of “high touch surfaces,” and using where possible EPA-registered household disinfectant.

EMPLOYEE SAFETY MEASURES

Part One - No Known COVID-19 Symptoms

For purposes of complying with this Plan and Applicable Authority, Employees who have shown or experienced no known COVID-19 Symptoms are directed and required to implement the following personal and Work Site safety and cleaning measures:

1. Cleaning desks and workstations at the beginning and end of each shift. Employees who occupy an individual office or room with a door must clean the door handle each day, and more frequently as reasonably necessary.

2. Frequently wash your hands with soap and water for at least 20 seconds; use hand sanitizer when soap and water are unavailable. The Company will maintain adequate supplies of soap and cleaning materials and disinfectant.

3. Avoid, when possible, the use of other employees’ phones, desks, offices, or other work tools and equipment. Your best practice is to sanitize such surfaces after any usage.

4. Practice customary measures of etiquette in social distancing, including:
- Avoid touching your face with unwashed hands
 - Avoid handshakes or other physical contact
 - Avoid (minimize) close contact with sick people
 - Properly cover coughs and sneezes

5. Comply with the Company’s daily screening processes.

6. Seek medical attention and/or follow medical advice if you are experiencing any COVID-19 Symptoms.

7. Non-essential travel is postponed or cancelled.

8. Employees are encouraged to use personal protective equipment and hand sanitizer when using public transportation.

9. *Company Guidance on Social Distancing.* The Governor’s Executive Orders direct the Company to maintain social distancing of six feet between people “to the maximum extent possible.” Accordingly, incidental contact within the six foot range is permitted but not encouraged and must be avoided whenever possible. Incidental contact with someone, or brief proximity to another person within six feet does not violate the Company’s Plan or Applicable Authority, provided the proximity is not sustained for more than *[three-six]* consecutive minutes. If and to the extent you cannot regularly maintain this degree of social distancing, you should report the problem to the Plan Director, who will then take appropriate responsive measures.

EMPLOYEE SAFETY MEASURES

Part 2 - Demonstrated COVID-19 Symptoms

A, Infected Employee. An employee with a COVID-19 diagnosis or who displays COVID-19 Symptoms must:

1. Comply with self-isolation or quarantine orders.
2. Immediately leave or be removed from the Work Site.

B. Enhanced Cleaning Measures. The Company shall conduct an extensive cleaning and disinfecting of the diagnosed/symptomatic employee's workstation, and any common areas frequently used infected by that employee. Where advisable, the employee's workstation or office will be quarantined for a time specified by the Plan Director.

C. Potentially Infected Employees.

1. The Plan Director shall cause a review and determination of all employees who worked in close proximity to any diagnosed or symptomatic Employee or other person who was present in a Company Work Site while infected.

2. The Company shall promptly inform all employees who meet the guidelines specified in #1 above of their potential exposure to COVID-19. All such employees shall depart or be removed from the Work Site for at least 14 days, or as otherwise directed by the Return to Work Requirements specified below.

3. The Company shall, as applicable, notify the local public health department and OSHA, including preparation of OSHA Form 300 or 301, as required by applicable law.

4. The Company's policy is that risk and exposure determinations are made without regard to employees' protected characteristics, as defined by local, state, and federal law. The Company will comply with Executive Order 2020-36 regarding workers who are at particular risk of infecting others with COVID-19.

5. Any health-related information and documentation gathered from an employee is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employees' personnel documentation.

EMPLOYEE SAFETY MEASURES

Part 3 - Employees' Self-Monitoring

The following employees should not report to work and, upon notification to Company, will be removed from the regular work schedule:

1. Employees who display COVID-19 symptoms, such as fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis.
2. Employees who, in the last 14 days, have had close contact with and/or live with any person having a confirmed COVID-19 diagnosis.
3. Employees who, in the last 14 days, have had close contact with and/or live with any person displaying COVID-19 Symptoms.
4. Employees who develop symptoms during their shift must immediately report to their supervisor and/or the Plan Director.
5. Employees meeting any of the foregoing criteria specified in #s 1-4 above may only resume in-person work upon achieving Return-to-Work Eligibility, defined below.

Special Industry Rules

[Executive Order 2020-91 requires specific measures by the industry groups specified below. Many of these measures must be included in your Plan. Use this space to specify rules specific to your Company's industry or field. References are to Executive Order 2020-91]

[Outdoor Work Rules - ¶2]

[Construction Industry - ¶3]

[Manufacturing Facilities - ¶4]

[Research Laboratories - ¶5]

[Retail Stores - ¶6]

[Offices - ¶7]

[Restaurants and Bars - ¶8]

Return-to-Work Eligibility

Employees diagnosed with COVID-19 may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via the test-based strategy or the non-test-based strategy.

Test-Based Strategy. The test-based strategy is preferred but relies upon the availability of testing supplies and laboratory capacity. Under this strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from two consecutive nasopharyngeal swab specimens collected at least 24 hours apart.

Non Test-Based Strategy. Under the non-test-based strategy, Employees may discontinue isolation and return to work upon achieving all of the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications.
- Improvement in respiratory symptoms (e.g., cough, shortness of breath).
- At least 7 days have passed since symptoms first appeared.

Close Contact. Employees who came into Close Contact with, or live with, an individual with a confirmed diagnosis or symptoms may return to work after either 14 days have passed since the last close contact with the diagnosed/symptomatic individual, or the diagnosed and/or symptomatic individual receives a negative COVID-19 test.

Employees are typically required to submit a release to return to work from a healthcare provider; given the current stressors on the healthcare system, Company may accept written statements from employees confirming all the factors supporting their release.

Record Keeping

The Plan Director shall cause the Company to maintain records providing all required detail as to Employee training, daily Employee screenings, all incidents and reports relating to any confirmed cases of Employee COVID-19 Infections, and any other matters elected by the Company or the Plan Director.

Potential Benefits for Employees Affected by COVID-19

The Company's policies concerning an Employee's eligibility for paid and unpaid leaves of absences due to COVID-19 may be obtained from the Plan Director, who will also upon request provide the Company's information on Potential Benefits for Employees Affected by COVID-19. Employees may be permitted to utilize available paid-time off provided under Company policy concurrently with or to supplement any approved leave.

Specific Defined Terms

Applicable Authorities. Governor Whitmer Executive Orders 2020-36 and 2020-77. OSHA Guidance OSHA 3990-03 2020. US Center for Disease Control guidance on social distancing, close contact, and cleaning and disinfecting the Work Site.

Close Contact. EO 2020-77 requires social distancing of at least six feet from one another to the maximum extent possible.

Company or Employer. *[Your Company Name]*

COVID-19. A mild to severe respiratory illness that is caused by a coronavirus, is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces

contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure

COVID-19 Symptoms: Fever, cough, shortness of breath, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting.

Employee. Any person defined as an employee under the Michigan Paid Medical Leave Act.

Executive Orders. All references to Executive Orders in this Plan include the Order specified, and “any executive orders that follow” the specified Executive Order, as that term is employed in EO 2020-91.

Notices. This Plan and all notices issued pursuant to this Plan are considered delivered when transmitted to Employees by posting at the Work Site, hand delivery at the Work Site, transmission via e-mail, or mailing or delivery through the US Post Office or overnight carriers. Notices will be issued by the Plan Director or Company management.

Plan or “PRP”. This Preparedness and Response Plan, as the same may be revised.

Plan Director. The person designated as such on page one.

Screener. The employee conducting the daily employee screening.

Work Site. Any location owned or rented by the Company from which you work.

Plan Updates and Expiration

This Plan responds to the COVID-19 outbreak. As this pandemic progresses, Company will update this Plan and its corresponding processes. This Plan will expire upon conclusion of its need, as determined by Company and in accordance with guidance from local, state, and federal health officials. The Company will distribute notice of termination or expiration of the Plan.

LAMBERT LAW DISCLAIMER

This form Preparedness and Response Plan is designed to illustrate a general form for use by “Medium Exposure Risk” employers. This Form is presented in conjunction with LAMBERT LAW’s presentation offered as part of the Rochester Regional Chamber of Commerce’s Webinar series entitled Rebooting Your Business in Safe Mode. This Form is presented for general illustrative and educational purposes and does not constitute legal advice. This Form represents LAMBERT LAW’s interpretation of the applicable legal requirements and has not been specifically approved by any governmental authority. LAMBERT LAW offers no assurance or warranty that this Form will provide you, your business or your facility legal protection from any prosecution or other legal action taken by any governmental authority with respect to your obligation to prepare and implement a PRP.