



C-SNIP

COVID-19 PREPAREDNESS AND RESPONSE PLAN

Prepared: 5/20/20

Updated 6/12/20



Our Mission:

We prevent pet overpopulation and improve the quality of life for dogs, cats, and their caregivers with accessible, high-quality, reduced cost veterinary care.

Our Vision:

All dogs and cats will be healthy, happy, and in loving homes. We empower caregivers to break the heart wrenching cycle of overpopulation and health-related pet surrender by providing high-quality, reduced cost spay/neuter and wellness services. We believe that accessible veterinary care improves the lives of the animals, the people who love them, and the community in which they live.

COVID-19 PREPAREDNESS AND RESPONSE PLAN

C-SNIP takes the health and safety of our employees, contract staff, volunteers, clients, and patients seriously. We want you to know that we are committed to reducing the risk of exposure to COVID-19 and we are ready to provide a healthy and safe workplace.

Our plan is based on information and guidance from the Centers for Disease Control (CDC) and the Occupational Health and Safety Administration (OSHA) 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. C-SNIP is focused on three lines of defense:

1. Limiting the number of people together at the same time in the same place,
2. Sanitizing all areas and
3. Requiring appropriate personal protection equipment including face coverings, masks, gloves, and other PPE as appropriate.

Note: C-SNIP may amend this Plan based on changing requirements and the need of our organization.

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

- Co-workers (staff, volunteers, and contractors)
- Customers
- Visitors/Vendors/General Public

Our employees fall into one or more of the following categories as defined by OSHA:

- Lower exposure risk (the work performed does not require direct contact with people known or suspected to be infected with COVID-19 or frequent close contact with the public).
- Medium exposure risk (the work performed requires frequent and/or close contact with people who may be infected with COVID-19, but who are not known COVID-19 patients, or contact with the general public in areas where there is ongoing community transmission).
- High and Very High-risk categories are reserved for healthcare workers providing care to individuals diagnosed with COVID-19.

C-SNIP has classified our customer service staff (schedulers, outreach coordinator, Customer Service Manager) as Low-Medium risk because of their direct in-person contact with up to 70 customers during the 60-90 minute daily morning check-in period. The medical staff are also classified as a Low-Medium risk because of the close quarters of the surgical area and the close contact required among the medical team during surgery. The nature of the surgical work does not allow for the recommended 6' social distancing. Therefore, C-SNIP will install engineering controls/barriers in the clinic to reduce transmission, equip team members with PPE appropriate for their exposure risk, and provide training on disinfection measures to control disease spread.

COVID-19 WORKPLACE SAFETY COORDINATORS

C-SNIP has designated the following staff as its COVID-19 Workplace Safety Coordinators:

- Jennifer Clark, Business/Office Manager, jenniferc@csnip.org, 616-219-1082* primary coordinator
- Kat Skinner Alderink, Clinic Manager, kats@csnip.org
- Maggie Latta, Customer Service Manager, maggiel@csnip.org
- Dr. Jeff Adams, DVM Medical Director, jadams@csnip.org
- Sharon Caldwell-Newton, Executive Director, scnewton@csnip.org, 616-219-1074

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

RESPONSIBILITIES OF C-SNIP SUPERVISORS AND LEADERSHIP TEAM

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

CSNIP will 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.

CSNIP will:

- Keep everyone at the clinic premises six feet from one another, to the maximum extent possible, including the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- Provide non-medical grade face coverings to their customer service and administrative employees when they are working onsite. Surgical/medical grade face masks and other medical grade PPE will be provided to the medical personnel when onsite at a CSNIP clinic.
- Require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace and will consider face shields when the C-SNIP Medical Director deems it necessary.
- Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to parts, products, and shared equipment (e.g., tools, machinery, vehicles).
- Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- Make cleaning supplies available to employees upon entry and at the worksite and provide time for employees to wash hands frequently or to use hand sanitizer.
- When an employee is identified with a confirmed case of COVID-19, within 24 hours, notify both:
 1. The local public health department as required by the county the clinic is located, and
 2. Any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.
-
- Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to parts, products, and shared equipment (e.g., tools, machinery, vehicles).
- Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- 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.
- Train employees on how to report unsafe work conditions.

RESPONSIBILITIES OF EMPLOYEES

We are asking each of our employees to help with our prevention efforts while at work. C-SNIP understands that in order to minimize the impact of COVID-19 at our clinics, 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 at work, all employees must follow these best practices for them to be effective. Beyond these best practices, we require employees to immediately report to their supervisor 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 supervisor or contact Jennifer Clark, C-SNIP Business/Office Manager who serves as our primary Workplace COVID-19 Coordinator.

OSHA and the CDC Prevention Guidelines

OSHA and the CDC have provided the following preventive guidance for all workers, regardless of exposure risk:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with anyone who is sick.
- Maintain appropriate social distance of six feet to the greatest extent possible.

Additionally, employees, contractors, volunteers must familiarize themselves with the symptoms and exposure risks of COVID-19. The primary symptoms of COVID-19 include the following:

- Dry cough;
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever (either feeling feverish or a temperature of 100.4 degrees or higher);
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Individuals with COVID-19 may also have early symptoms such as, diarrhea, nausea/vomiting, and runny nose.

If you develop a fever and symptoms of respiratory illness, such as an atypical cough or shortness of breath, do not report to work. You must also notify your supervisor immediately and consult your healthcare provider. Similarly, if employees come into “close contact” with someone showing these symptoms, they must notify their supervisor immediately and consult their healthcare provider. C-SNIP has the responsibility to work to identify and notify all employees, contractors, onsite volunteers who have close contact with individuals with COVID-19 symptoms. “Close contact” is not brief or incidental contact with a person with COVID-19 symptoms.

The CDC defines “close contact” as either:

- Being within roughly six feet of a COVID-19 infected person or a person with any symptom(s) for a “prolonged period of time;” (the CDC estimates range from 10 to 30 minutes, or,
- Having direct contact with infectious secretions of a COVID-19 infected person or a person with any COVID-19 symptom(s) (i.e., being coughed on).

HEALTH AND SAFETY PREVENTATIVE MEASURES FOR C-SNIP

C-SNIP has implemented best practices and measures to ensure the health and safety of identified groups of individuals. With each group of individuals, our Plan is focused on three lines of defense – limiting the number of people together at a time, sanitizing all areas and requiring appropriate personal protection equipment.

MINIMIZING EXPOSURE FROM CO-WORKERS.

C-SNIP takes the following steps to minimize exposure from co-workers to COVID-19 by educating team members about protective behaviors that reduce the spread of COVID-19 and provide co-workers with the necessary tools for these protective behaviors, including:

General Education:

- Posting CDC information, including recommendations on risk factors
- Providing tissues and no-touch trash bins to minimize exposure to infectious secretions
- Informing employees of the importance of good hand hygiene. Regularly washing hands with soap and water for at least 20 seconds is one of the most effective ways for employees to minimize exposure to COVID-19. If soap and water are not readily available, employees should use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
- Encourage good hand hygiene by ensuring that adequate supplies of soap and hand sanitizer are maintained and placing hand sanitizers in multiple locations.
- Discourage handshaking and encourage the use of other non-contact methods of greeting
- When possible, avoid the use of other co-workers' phones, desks, offices, other work tools and equipment, and other commonly touched surfaces.
- If the above cannot be avoided, clean and disinfect them before and after use

Social Distancing

- To minimize close in-person contact while the threat of disease spread remains in the community, all meetings among team members (ie all-staff meetings, leadership team meetings, development team meetings, team trainings, committee meetings, etc) will be done virtually using technology like ZOOM, Webex, etc.
- When possible, business/donor related meetings should be done via phone, email, or virtually unless safe social distancing is possible with an in-person interaction.
- Restrict the number of on-site employees by using remote work arrangements as much as possible. When possible, the use of telework/remote work will be utilized as a primary work arrangement for those staff whose job duties can be done offsite. Employees working remotely on a regular basis will create a Remote Work agreement with their supervisor to outline work expectations, availability for scheduled and unscheduled communications, and productivity goals.
- Encourage and require social distancing to the greatest extent possible while in the workplace
- Encourage team members to minimize ridesharing. If this cannot be avoided, while in vehicles, employees must ensure adequate ventilation
- The use of masks and gloves are required when interactions with customers, co-workers, and others can not maintain the 6' social distancing requirement.
- Eliminate shared food utensils with other coworkers and communal food such as shared homemade treats.
- In areas where employees work within 6 feet of each other, barriers, disinfection, and additional PPE will be used to contain disease spread in addition to as much social distance as possible.
- All business travel and professional development that is not considered essential and requires the use of airline/mass transit travel is not allowed until the threat of infection is low based on public health expert guidance.

Checklist for Employers when employee tests positive for COVID-19 (COVID Workplace Coordinator duties)

- Positive test results and “suspected but unconfirmed” cases of COVID-19 are treated the same.
- If the source of infection is known, identify if it was at the workplace or outside.
- The C-SNIP COVID Workplace Coordinator will determine if the infection was contracted inside the workplace and if so, they will notify workers’ compensation carrier;
 - Place the employee on workers’ compensation leave (with pay); and
 - Record the infection on C-SNIP’s OSHA 300 log.
- Identify and review the employee benefit plans that may be available including: Emergency Paid Sick Leave, PTO, Extended FMLA, and inform the employee of the benefits they are eligible to receive.

Ask employee if he or she grants the employer permission to disclose the fact that the employee is infected.

- If yes:
 - Notify employee’s supervisor(s) and the CSNIP Leadership Team that employee is infected with COVID-19 and is out on leave.
 - For everyone else, respond to inquiries by disclosing employee is on a leave of absence for non-disciplinary purposes.
- If no:
 - Notify employee’s supervisor only that employee is on a leave of absence for non-disciplinary purposes.
- Regardless of yes or no:
 - Disclose identity of employee to any required notification to OSHA or the county health department.
- Notify employee’s co-workers who may have come into contact with employee at work within the past 14 days that they may have been exposed to COVID-19 and may wish to see a healthcare provider.
 - Not required to notify other office locations unless the employee visited those sites within past 14 days.
- DO NOT identify the infected employee by name and to the greatest extent possible, avoid making any direct or indirect references that would lead co-workers to identity of the employee.
- For employees who had close contact with employee in past 14 days, send them home for a 14-day self-quarantine period.
- Notify known customers, vendors, or third parties with whom the employee may have come into contact with while at work within the past 14 days that they may have been exposed to COVID-19 and may wish to see a healthcare provider. DO NOT identify the infected employee by name.
- To the extent reasonably possible, avoid making any direct or indirect references that would lead the person to guess the identity of the employee.
- C-SNIP will review the patient/client log and the visitor sign in log to identify any third parties who may have had contact with the COVID-19 positive employee through their work at C-SNIP. The C-SNIP COVID

Workplace Safety Coordinator will work in partnership with public health agencies to conduct contact tracing as appropriate.

- Arrange the employee's workspace, immediate surrounding area, and areas likely visited (break room, restroom, etc.) to be disinfected and thoroughly cleaned.
- Respond to inquiries by CDC or public health authorities as received.

RESTRICT EMPLOYEES FROM THE WORKPLACE IF THEY DISPLAY SYMPTOMS OF COVID-19

C-SNIP ability to successfully reopen, resume operations, and fulfill our mission is dependent on the availability of team members to fill the staff roles. C-SNIP will do our part to provide a safe workplace and mitigate the risk of exposure to COVID-19 while at work. It will be imperative that staff, contractors and volunteers stay home when they are feeling sick and self-isolate when they are exhibiting COVID-19 symptoms or have had close contact with someone who has been diagnosed with COVID-19. This will help contain any spread of the coronavirus and other infectious disease.

- C-SNIP requires all team members who are completing in-person work to conduct and submit a self-administered health assessments questionnaire with temperature check via an electronic app prior to entry into the clinic.
- Any team member with COVID-19 symptoms has been advised to stay home and not report to work, contact their supervisor, and health professional for further treatment guidance. If a team member begins to feel ill with COVID-19 symptoms while at work, they will be immediately separated from other co-workers sent home.
- When possible, the ability to work remotely will be encouraged.
- Guidance from the employee's health care provider on their return to work date will be required.

ACTIVELY ENCOURAGE SICK EMPLOYEES TO STAY HOME:

- To encourage sick employees to stay home, C-SNIP has informed team members that there will not be negative consequences to their continued employment with C-SNIP when they miss work due to illness. C-SNIP has posted information about the Families First Coronavirus Response Act Policies including Emergency Paid Sick Leave and Extended Family Medical Leave Act on the Employee bulletin boards and in its electronic training material delivered via PowerPoint. If an employee has questions regarding use of emergency paid sick time, C-SNIP's PTO benefit and/or the FFCRA federal benefit, the employee should contact Jennifer Clark or Sharon Caldwell-Newton. Their contact information is listed on page 4 of this plan.
- **C-SNIP** will follow state and federal guidance for a safe return to work to reduce the spread of COVID-19.
- Guidance from the employee's health care professional will also inform C-SNIP's next steps and whether the employee can safely report to work.
- C-SNIP's

IF AN EMPLOYEE HAS A CONFIRMED CASE OF COVID-19, C-SNIP ENSURES THE FOLLOWING

- We will communication with team members/co-workers

- We will work with our local health department to provide them with the name of any identified employees, contractors, volunteers and customers that may have been exposed
- We will report cases to OSHA via their reporting/recordkeeping requirements
- **C-SNIP** will follow CDC and State guideline protocols for return to work, including workplace contact tracing and CDC-recommended cleaning and disinfecting in all affected areas
- Guidance from the employee’s doctor/health care provider will also be considered
- We will perform increased environmental cleaning and disinfection
 - Employees should sanitize their work areas upon arrival, throughout the workday, and immediately before leaving for the day
 - We will all routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - C-SNIP will provide disposable wipes/disinfectant spray so that commonly used surfaces (for example, doorknobs, keyboards, copiers, desks, other work tools and equipment) can be wiped down by team members before each use.
 - C-SNIP will eliminate/restrict work-related travel to the extent possible and limit other team members’ exposure to an employee who traveled until we can confirm traveling employee does not have COVID-19 symptoms
 - Employees at a higher risk for serious illness due to COVID-19 will be encouraged to work remotely. If working remotely is not possible, additional precautions will be put in place to ensure their safety, including working in separate workspaces.
- **C-SNIP** will assess whether we need to close one or both of our spay/neuter clinics temporarily in the event of staffing shortages due to higher rates of quarantine and illness related to COVID-19. When possible, remote work arrangements will be used when possible to ensure continued business functions.

MINIMIZING EXPOSURE FROM CUSTOMERS

- **C-SNIP’s** customer in-person interaction practices will be monitored and evaluated to ensure safety and health of all individuals. C-SNIP has modified its daily patient check in and release practices to reduce the potential for disease spread.
- Customer purchases of pet medications/treatments/e-collars or rental of feral cat traps will be offered on an appointment basis to limit walk in traffic, reduce the number of individuals congregating inside the clinic, and reduce the potential transmission of COVID-19. All customers/visitors to a C-SNIP clinic will be required to sign in and provide a phone number or email address with their name and whom they were visiting.

Modifications to Clinic Operations-Customer Service

- Check In Process
 - i. Utilize a “Curbside” type practice for the morning check in with clients registering their arrival at an outdoor check-in station, then waiting in their cars until notified by text to enter the building to complete the check-in process. Only 2-3 clients will be allowed inside the clinic at a time to complete registration drop off their pet. This will enhance social distancing between clients and between staff and clients.
 - ii. C-SNIP will utilize a paperless consent form to reduce potential disease transmission by eliminating shared pens, clipboard and paper handled by multiple sources

- iii. C-SNIP will reduce cash as much as payments as much as possible. Clients will be encouraged to prepay when setting their appointment. If clients are unable/unwilling to prepay, credit card payments during check in will be highly encouraged over cash.
- iv. Hand sanitizer, hand washing areas, Kleenex to cover coughs/sneezes, and no touch trash receptacles will be available for clients, staff, volunteers along with posted signage to encourage and educate about appropriate hand hygiene and infection control.
- v. When scheduling their appointments, staff will inform clients that face masks/coverings are required to be worn, unless a pre-existing condition makes it unsafe to wear a mask. Clients will be instructed to bring their own mask. A phone health screening will be conducted and clients will also be asked to conduct another self-administered health screening the morning of their appointment. This will be reinforced in the appointment confirmation emails.
- vi. All lobby (interior and public) surfaces (counter, door handles, credit card terminals, and other high touch surfaces) will be sanitized with C-SNIP approved disinfectants between client encounters. All pet carrier and live trap handles and exterior will be wiped down with a disposable sanitizing cloth before bringing it into the clinic. Pet owners will be asked to line their cat carriers with disposable liners such as folded newspaper or pads. Any caretaker livetraps covers will be removed before bringing the live trap into the clinic and replaced with a C-SNIP trap cover. After check-in is concluded, customer service staff will thoroughly clean all counters, sneeze guards, door handles, credit card terminals, and other high touch surfaces as well as mop the public lobby and interior lobby floors.
- vii. Facility entry doors will be locked after check-in to prevent casual walk in traffic. Product sales such as flea/tick control will be limited to an appointment basis to provide for social distancing.
- viii. C-SNIP's Customer Service/Outreach Manager will have the primary responsibility to train and monitor the customer service & administrative staff and volunteers on the correct way to wear and dispose of PPE, new cleaning protocols, check in process modifications, and engineering controls in their work area. The Customer Service Outreach Manager will take direction from the Executive Director and/or Medical Director regarding continued adaptations of these modifications and will regularly report results and concerns to the Leadership Team at their standing monthly team meetings.
- ix. Individual staff/volunteer workstations will be equipped with hand sanitizer, sanitizing wipes, and routine office equipment to minimizing sharing of items such as pens, staplers, headsets, scissors, etc. Phones and keyboards will be wiped down with CSNIP approved cleaning wipes periodically throughout the shift.

- Check-in engineering controls

- x. Plexi "sneeze guards" have been installed in the public check in area at each clinic location to protect staff & clients
- xi. Wall mounted hand sanitizer dispensers have been installed in public areas and in staff areas where hand washing is not feasible
- xii. Signage regarding hand hygiene, cough/sneeze etiquette, and social distancing are prominently displayed in the public areas at each clinic location and in the employee work area to remind and educate about COVID-19 and ways to reduce disease spread.
- xiii. Public areas both inside the building and outside will be marked to denote social distance requirements for waiting customers.

xiv. Only disposable paper towels will be used at hand washing stations (no cloth towels)

b. Check-Out/Pet release Process

- i. For the “Release/discharge” process, clients will wait in their car and staff will deliver the discharged pet and paperwork to the owner waiting in their cars. A link to C-SNIP’s “surgical aftercare instructions” video will be provided and questions about surgery aftercare will be answered car-side, at the time of pickup.

• **Modifications to Medical Operations Protocols**

- ii. Surgical team (vets and vet techs) will wear medical grade (not N-95) face masks throughout the day during all phases of the surgical process (ie patient exams, surgery prep, surgery, post-surgery patient monitoring, completing patient records, and with team interactions.
- iii. Face Shields will not be a typical PPE used by the medical or customer service team, but a limited number of face shields will be available for use in unique situations. When a staff member feels a situation warrants the additional PPE of a face shield, they should consult with the Medical Director or Clinic Manager.
- iv. Animals may react differently to staff wearing PPE. Additional staff training on animal handling techniques may be required to reduce anxiety of both the patients and the team members.
- v. Hand washing or hand sanitizing should be performed by medical team members between each contact with individual animals, clients, team members. Gloves may be worn to protect hands from repeated washing/sanitizing but are not substitute for washing/sanitizing between patients. Hand washing stations will be supplied with medical grade 4% Chlorhexidine soap, which is anti-viral, anti-fungal
- vi. Increased pre/post-surgery patient monitoring will occur with those feline patients with some respiratory issues to ensure increased use of alcohol-based disinfectants does not produce an negative reaction.
- vii. A six-foot distancing requirement is not possible within the medical suite when operating at full staff/full appointment capacity. Infection control measures will include limiting close contact with others whenever possible by being aware of who else in the work area, wearing face masks, diligent handwashing and respiratory etiquette and the use of additional PPE or engineering controls when possible.
- viii. MSU student externships will be paused throughout the summer months.
- ix. Pre-COVID 19 disinfection/cleaning protocol in the medical/surgical area should be sufficient for the clinic environment as we reopen and ramp up. If it is not financially feasible to equip each surgery prep table with clippers, laryngoscopes, stethoscopes, and they are shared by multiple staff throughout the day, this equipment will be disinfected after each use with alcohol.
- x. C-SNIP’s Medical Director will be responsible to determine what medical supplies and equipment need to be ordered and that CSNIP has an adequate inventory of supplies. He will also be responsible to establish and/or modify C-SNIP’s medical protocols, ensure that the medical team are adequately trained, and regularly communicate areas of concern to the Executive Director and Leadership Team.

MINIMIZING EXPOSURE TO/FROM THE VISITORS/VENDORS

- C-SNIP will lock its facility entry doors during the workday to eliminate unexpected walk-in traffic. Visitors and vendors business will be conducted on an appointment basis to limit the number of individuals in the clinic for social distancing. Individuals donating in-kind products and C-SNIP's business vendors will be notified that visits to the clinic are available on an appointment basis. Messaging about general public and donor visits will be reinforced on the C-SNIP website and in social media.
- Any individual entering one of C-SNIP's facilities will be asked to complete a self-administered health screening questionnaire prior to entry and to wear a mask during the visit. The visit area will be cleaned prior to and after the visit to protect both the visitor and the C-SNIP team.
- Package deliveries will be limited to the staff entry to limit possible interaction with clients/patients and will be as "contactless" as possible.
- All customers/visitors to a C-SNIP clinic will be required to sign in and provide a phone number or email address with their name and whom they were visiting.

This Plan is based on information and guidance from the CDC and OSHA at the time of its development. The safety of our employees and visitors remain the top priority at C-SNIP. We recognize that all individuals are responsible for preventing the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors. As the COVID-19 outbreak continues to evolve and spread, **C-SNIP** will monitor the situation closely and will update our guidance based on the most current recommendations from the CDC, World Health Organization (WHO), OSHA, AVMA, and any other public entities.

Executive Order 2020-91 is that outline industry specific workplace safety guidelines is included as an addendum. The section pertaining to Outpatient Veterinary services is on page 21-22 of this document.

COVID-19 PREPAREDNESS AND RESPONSE PLAN ADDENDUM

MICHIGAN EXECUTIVE ORDER

No. 2020-114

Safeguards to protect Michigan's workers from COVID-19

Rescission of Executive Order 2020-97

Date: June 5, 2020

Time: 10:30 am

The novel coronavirus (COVID-19) is a respiratory disease that can result in serious illness or death. It is caused by a new strain of coronavirus not previously identified in humans and easily spread from person to person. There is currently no approved vaccine or antiviral treatment for this disease.

On March 10, 2020, the Department of Health and Human Services identified the first two presumptive-positive cases of COVID-19 in Michigan. On that same day, I issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, 1976 PA 390, as amended (EMA), MCL 30.401 et seq., and the Emergency Powers of the Governor Act of 1945, 1945 PA 302, as amended (EPGA), MCL 10.31 et seq.

Since then, the virus spread across Michigan, bringing deaths in the thousands, confirmed cases in the tens of thousands, and deep disruption to this state's economy, homes, and educational, civic, social, and religious institutions. On April 1, 2020, in response to the widespread and severe health, economic, and social harms posed by the COVID-19 pandemic, I issued Executive Order 2020-33. This order expanded on Executive Order 2020-4 and declared both a state of emergency and a state of disaster across the State of Michigan under section 1 of article 5 of the Michigan Constitution of 1963, the Emergency Management Act, and the Emergency Powers of the Governor Act of 1945. And on April 30, 2020, finding that COVID-19 had created emergency and disaster conditions across the State of Michigan, I issued Executive Order 2020-67 to continue the emergency declaration under the Emergency Powers of the Governor Act, as well as Executive Order 2020-68 to issue new emergency and disaster declarations under the Emergency Management Act.

Those executive orders have been challenged in *Michigan House of Representatives and Michigan Senate v Whitmer*. On May 21, 2020, the Court of Claims ruled that Executive Order 2020-67 is a valid exercise of authority under the Emergency Powers of the Governor Act but that Executive Order 2020-68 is not a valid exercise of authority under the Emergency Management Act. Both of those rulings are being challenged on appeal.

On May 22, 2020, I issued Executive Order 2020-99, again finding that the COVID-19 pandemic constitutes a disaster and emergency throughout the State of Michigan. That order constituted a state of emergency declaration under the Emergency Powers of the Governor Act of 1945. And, to the extent the governor may declare a state of emergency and a state of disaster under the Emergency Management Act when emergency and disaster conditions exist yet the legislature has declined to grant an extension request, that order also constituted a state of emergency and state of disaster declaration under that act.

The Emergency Powers of the Governor Act provides a sufficient legal basis for issuing this executive order. In relevant part, it provides that, after declaring a state of emergency, "the governor may promulgate reasonable

orders, rules, and regulations as he or she considers necessary to protect life and property or to bring the emergency situation within the affected area under control.” MCL 10.31(1).

Nevertheless, subject to the ongoing litigation and the possibility that current rulings may be overturned or otherwise altered on appeal, I also invoke the Emergency Management Act as a basis for executive action to combat the spread of COVID-19 and mitigate the effects of this emergency on the people of Michigan, with the intent to preserve the rights and protections provided by the EMA. The EMA vests the governor with broad powers and duties to “cop[e] with dangers to this state or the people of this state presented by a disaster or emergency,” which the governor may implement through “executive orders, proclamations, and directives having the force and effect of law.” MCL 30.403(1)–(2). This executive order falls within the scope of those powers and duties, and to the extent the governor may declare a state of emergency and a state of disaster under the Emergency Management Act when emergency and disaster conditions exist yet the legislature has not granted an extension request, they too provide a sufficient legal basis for this order.

To suppress the spread of COVID-19, to prevent the state’s health care system from being overwhelmed, to allow time for the production of critical test kits, ventilators, and personal protective equipment, to establish the public health infrastructure necessary to contain the spread of infection, and to avoid needless deaths, it was reasonable and necessary to direct residents to remain at home or in their place of residence to the maximum extent feasible. To that end, on March 23, 2020, I issued Executive Order 2020-21, ordering all people in Michigan to stay home and stay safe. In Executive Orders 2020-42, 2020-59, 2020-70, 2020-77, 2020-92, and 2020-96, I extended that initial order, modifying its scope as needed and appropriate to match the ever-changing circumstances presented by this pandemic.

The measures put in place by these executive orders have been effective: the number of new confirmed cases each day continues to drop. Although the virus remains aggressive and persistent—on June 4, 2020, Michigan reported 58,241 confirmed cases and 5,595 deaths—the strain on our health care system has begun to relent, even as our testing capacity has increased. We are now in the process of gradually resuming in-person work and activities. In so doing, however, we must move with care, patience, and vigilance, recognizing the grave harm that this virus continues to inflict on our state and how quickly our progress in suppressing it can be undone.

In particular, businesses must do their part to protect their employees, their patrons, and their communities. Many businesses have already done so by implementing robust safeguards to prevent viral transmission. But we can and must do more: no one should feel unsafe at work. With Executive Orders 2020-91 and 2020-97, I created an enforceable set of workplace standards that apply to all businesses across the state. I am now amending those standards to include new provisions governing in-home services, personal care services, sporting and entertainment venues, and gyms.

Acting under the Michigan Constitution of 1963 and Michigan law, I order the following:

1. All businesses or operations that require their employees to leave the homes or residences for work must, at a minimum:
 - a. Develop a COVID-19 preparedness and response plan, consistent with recommendations in Guidance on Preparing Workplaces for COVID-19, developed by the Occupational Health and Safety Administration (“OSHA”) and available [here](#). Within two weeks of resuming in-person activities, a business’s or operation’s plan must be made readily available to employees, labor unions, and customers, whether via website, internal network, or by hard copy.

- b. Designate one or more worksite supervisors to implement, monitor, and report on the COVID-19 control strategies developed under subsection (a). The supervisor must remain on-site at all times when employees are present on site. An on-site employee may be designated to perform the supervisory role.
- c. Provide COVID-19 training to employees that covers, at a minimum:
 - 1. Workplace infection-control practices.
 - 2. The proper use of personal protective equipment.
 - 3. Steps the employee must take to notify the business or operation of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
 - 4. How to report unsafe working conditions.
- d. 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.
- e. Keep everyone on the worksite premises at least six feet from one another to the maximum extent possible, including through the use of ground markings, signs, and physical barriers, as appropriate to the worksite.
- f. Provide non-medical grade face coverings to their employees, with supplies of N95 masks and surgical masks reserved, for now, for health care professionals, first responders (e.g., police officers, fire fighters, paramedics), and other critical workers.
- g. Require face coverings to be worn when employees cannot consistently maintain six feet of separation from other individuals in the workplace, and consider face shields when employees cannot consistently maintain three feet of separation from other individuals in the workplace.
- h. Increase facility cleaning and disinfection to limit exposure to COVID-19, especially on high-touch surfaces (e.g., door handles), paying special attention to parts, products, and shared equipment (e.g., tools, machinery, vehicles).
- i. Adopt protocols to clean and disinfect the facility in the event of a positive COVID-19 case in the workplace.
- j. Make cleaning supplies available to employees upon entry and at the worksite and provide time for employees to wash hands frequently or to use hand sanitizer.
- k. When an employee is identified with a confirmed case of COVID-19:
 - 1. Immediately notify the local public health department, and
 - 2. Within 24 hours, notify any co-workers, contractors, or suppliers who may have come into contact with the person with a confirmed case of COVID-19.
- l. An employer 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 Centers for Disease Control and Prevention (“CDC”) and they are released from any quarantine or isolation by the local public health department.
- m. Follow Executive Order 2020-36, and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees who stay home or who leave work when they are at particular risk of infecting others with COVID-19.

- n. Establish a response plan for dealing with a confirmed infection in the workplace, including protocols for sending employees home and for temporary closures of all or part of the workplace to allow for deep cleaning.
 - o. Restrict business-related travel for employees to essential travel only.
 - p. Encourage employees to use personal protective equipment and hand sanitizer on public transportation.
 - q. Promote remote work to the fullest extent possible.
 - r. Adopt any additional infection-control measures that are reasonable in light of the work performed at the worksite and the rate of infection in the surrounding community.
2. Businesses or operations whose work is primarily and traditionally performed outdoors must:
- a. Prohibit gatherings of any size in which people cannot maintain six feet of distance from one another.
 - b. Limit in-person interaction with clients and patrons to the maximum extent possible, and bar any such interaction in which people cannot maintain six feet of distance from one another.
 - c. Provide and require the use of personal protective equipment such as gloves, goggles, face shields, and face coverings, as appropriate for the activity being performed.
 - d. Adopt protocols to limit the sharing of tools and equipment to the maximum extent possible and to ensure frequent and thorough cleaning and disinfection of tools, equipment, and frequently touched surfaces.
3. Businesses or operations in the construction industry must:
- a. Conduct a daily entry screening protocol for employees, contractors, suppliers, and any other individuals entering a worksite, including a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19, together with, if possible, a temperature screening.
 - b. Create dedicated entry point(s) at every worksite, if possible, for daily screening as provided in sub-provision (b) of this section, or in the alternative issue stickers or other indicators to employees to show that they received a screening before entering the worksite that day.
 - c. Provide instructions for the distribution of personal protective equipment and designate on-site locations for soiled face coverings
 - d. Require the use of work gloves where appropriate to prevent skin contact with contaminated surfaces.
 - e. Identify choke points and high-risk areas where employees must stand near one another (such as hallways, hoists and elevators, break areas, water stations, and buses) and control their access and use (including through physical barriers) so that social distancing is maintained.
 - f. Ensure there are sufficient hand-washing or hand-sanitizing stations at the worksite to enable easy access by employees.
 - g. Notify contractors (if a subcontractor) or owners (if a contractor) of any confirmed COVID-19 cases among employees at the worksite.
 - h. Restrict unnecessary movement between project sites.

- i. Create protocols for minimizing personal contact upon delivery of materials to the worksite.
4. Manufacturing facilities must:
- a. Conduct a daily entry screening protocol for employees, contractors, suppliers, and any other individuals entering the facility, including a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19, together with temperature screening as soon as no-touch thermometers can be obtained.
 - b. Create dedicated entry point(s) at every facility for daily screening as provided in sub-provision (a) of this section, and ensure physical barriers are in place to prevent anyone from bypassing the screening.
 - c. Suspend all non-essential in-person visits, including tours.
 - d. Train employees on, at a minimum:
 - 1. Routes by which the virus causing COVID-19 is transmitted from person to person.
 - 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.
 - 3. The use of personal protective equipment, including the proper steps for putting it on and taking it off.
 - e. Reduce congestion in common spaces wherever practicable by, for example, closing salad bars and buffets within cafeterias and kitchens, requiring individuals to sit at least six feet from one another, placing markings on the floor to allow social distancing while standing in line, offering boxed food via delivery or pick-up points, and reducing cash payments.
 - f. Implement rotational shift schedules where possible (e.g., increasing the number of shifts, alternating days or weeks) to reduce the number of employees in the facility at the same time.
 - g. Stagger meal and break times, as well as start times at each entrance, where possible.
 - h. Install temporary physical barriers, where practicable, between work stations and cafeteria tables.
 - i. Create protocols for minimizing personal contact upon delivery of materials to the facility.
 - j. Adopt protocols to limit the sharing of tools and equipment to the maximum extent possible.
 - k. Ensure there are sufficient hand-washing or hand-sanitizing stations at the worksite to enable easy access by employees, and discontinue use of hand dryers.
 - l. Notify plant leaders and potentially exposed individuals upon identification of a positive case of COVID-19 in the facility, as well as maintain a central log for symptomatic employees or employees who received a positive test for COVID-19.
 - m. Send potentially exposed individuals home upon identification of a positive case of COVID-19 in the facility.
 - n. Require employees to self-report to plant leaders as soon as possible after developing symptoms of COVID-19.
 - o. Shut areas of the manufacturing facility for cleaning and disinfection, as necessary, if an employee goes home because he or she is displaying symptoms of COVID-19.
5. Research laboratories, but not laboratories that perform diagnostic testing, must:

- a. Assign dedicated entry point(s) and/or times into lab buildings.
 - b. Conduct a daily entry screening protocol for employees, contractors, suppliers, and any other individuals entering a worksite, including a questionnaire covering symptoms and suspected or confirmed exposure to people with possible COVID-19, together with, if possible, a temperature screening.
 - c. Create protocols and/or checklists as necessary to conform to the facility's COVID-19 preparedness and response plan.
 - d. Suspend all non-essential in-person visitors (including undergraduate students) until further notice.
 - e. Establish and implement a plan for distributing face coverings.
 - f. Limit the number of people per square feet of floor space permitted in a particular laboratory at one time.
 - g. Close open workspaces, cafeterias, and conference rooms.
 - h. As necessary, use tape on the floor to demarcate socially distanced workspaces and to create one-way traffic flow.
 - i. Require all office and dry lab work to be conducted remotely.
 - j. Minimize the use of shared lab equipment and shared lab tools and create protocols for disinfecting lab equipment and lab tools.
 - k. Provide disinfecting supplies and require employees to wipe down their work stations at least twice daily.
 - l. Implement an audit and compliance procedure to ensure that cleaning criteria are followed.
 - m. Establish a clear reporting process for any symptomatic individual or any individual with a confirmed case of COVID-19, including the notification of lab leaders and the maintenance of a central log.
 - n. Clean and disinfect the work site when an employee is sent home with symptoms or with a confirmed case of COVID-19.
 - o. Send any potentially exposed co-workers home if there is a positive case in the facility.
 - p. Restrict all non-essential work travel, including in-person conference events.
6. Retail stores that are open for in-store sales, as well as libraries and museums, must:
- a. Create communications material for customers (e.g., signs or pamphlets) to inform them of changes to store practices and to explain the precautions the store is taking to prevent infection.
 - b. Establish lines to regulate entry in accordance with subsection (c) of this section, with markings for patrons to enable them to stand at least six feet apart from one another while waiting. Stores should also explore alternatives to lines, including by allowing customers to wait in their cars for a text message or phone call, to enable social distancing and to accommodate seniors and those with disabilities.
 - c. Except in Regions 6 and 8, adhere to the following restrictions:
 - 1. For stores of less than 50,000 square feet of customer floor space, must limit the number of people in the store (including employees) to 25% of the total occupancy

limits established by the State Fire Marshal or a local fire marshal. Stores of more than 50,000 square feet must:

- A. Limit the number of customers in the store at one time (excluding employees) to 4 people per 1,000 square feet of customer floor space.
 - B. Create at least two hours per week of dedicated shopping time for vulnerable populations, which for purposes of this order are people over 60, pregnant women, and those with chronic conditions, including but not limited to heart disease, diabetes, and lung disease.
2. The director of the Department of Health and Human Services is authorized to issue an emergency order varying the capacity limits described in this subsection as necessary to protect the public health.
- d. Post signs at store entrance(s) instructing customers of their legal obligation to wear a face covering when inside the store.
 - e. Post signs at store entrance(s) informing customers not to enter if they are or have recently been sick.
 - f. Design spaces and store activities in a manner that encourages employees and customers to maintain six feet of distance from one another.
 - g. Install physical barriers at checkout or other service points that require interaction, including plexiglass barriers, tape markers, or tables, as appropriate.
 - h. Establish an enhanced cleaning and sanitizing protocol for high-touch areas like restrooms, credit-card machines, keypads, counters, shopping carts, and other surfaces.
 - i. Train employees on:
 1. Appropriate cleaning procedures, including training for cashiers on cleaning between customers.
 2. How to manage symptomatic customers upon entry or in the store.
 - j. Notify employees if the employer learns that an individual (including a customer or supplier) with a confirmed case of COVID-19 has visited the store.
 - k. Limit staffing to the minimum number necessary to operate.
7. Offices must:
- a. Assign dedicated entry point(s) for all employees to reduce congestion at the main entrance.
 - b. Provide visual indicators of appropriate spacing for employees outside the building in case of congestion.
 - c. Take steps to reduce entry congestion and to ensure the effectiveness of screening (e.g., by staggering start times, adopting a rotational schedule in only half of employees are in the office at a particular time).
 - d. Require face coverings in shared spaces, including during in-person meetings and in restrooms and hallways.

- e. Increase distancing between employees by spreading out workspaces, staggering workspace usage, restricting non-essential common space (e.g., cafeterias), providing visual cues to guide movement and activity (e.g., restricting elevator capacity with markings).
 - f. Prohibit social gatherings and meetings that do not allow for social distancing or that create unnecessary movement through the office. Use virtual meetings whenever possible.
 - g. Provide disinfecting supplies and require employees wipe down their work stations at least twice daily.
 - h. Post signs about the importance of personal hygiene.
 - i. Disinfect high-touch surfaces in offices (e.g., whiteboard markers, restrooms, handles) and minimize shared items when possible (e.g., pens, remotes, whiteboards).
 - j. Institute cleaning and communications protocols when employees are sent home with symptoms.
 - k. Notify employees if the employer learns that an individual (including a customer, supplier, or visitor) with a confirmed case of COVID-19 has visited the office.
 - l. Suspend all nonessential visitors.
 - m. Restrict all non-essential travel, including in-person conference events.
8. Restaurants and bars must:
- a. Limit capacity to 50% of normal seating.
 - b. Require six feet of separation between parties or groups at different tables or bar tops (e.g., spread tables out, use every other table, remove or put up chairs or barstools that are not in use).
 - c. Create communications material for customers (e.g., signs, pamphlets) to inform them of changes to restaurant or bar practices and to explain the precautions that are being taken to prevent infection.
 - d. Close waiting areas and ask customers to wait in cars for a notification when their table is ready.
 - e. Close self-serve food or drink options, such as buffets, salad bars, and drink stations.
 - f. Provide physical guides, such as tape on floors or sidewalks and signage on walls to ensure that customers remain at least six feet apart in any lines.
 - g. Post sign(s) at store entrance(s) informing customers not to enter if they are or have recently been sick.
 - h. Post sign(s) instructing customers to wear face coverings until they get to their table.
 - i. Require hosts, servers, and staff to wear face coverings in the dining area.
 - j. Require employees to wear face coverings and gloves in the kitchen area when handling food, consistent with guidelines from the Food and Drug Administration (“FDA”).
 - k. Limit shared items for customers (e.g., condiments, menus) and clean high-contact areas after each customer (e.g., tables, chairs, menus, payment tools).
 - l. Train employees on:

1. Appropriate use of personal protective equipment in conjunction with food safety guidelines.
 2. Food safety health protocols (e.g., cleaning between customers, especially shared condiments).
 3. How to manage symptomatic customers upon entry or in the restaurant.
- m. Notify employees if the employer learns that an individual (including an employee, customer, or supplier) with a confirmed case of COVID-19 has visited the store.
 - n. Close restaurant immediately if an employee shows symptoms of COVID-19, defined as either the new onset of cough or new onset of chest tightness or two of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, or olfactory/taste disorder(s), and perform a deep clean, consistent with guidance from the FDA and the CDC. Such cleaning may occur overnight.
 - o. Install physical barriers, such as sneeze guards and partitions at cash registers, bars, host stands, and other areas where maintaining physical distance of six feet is difficult.
 - p. To the maximum extent possible, limit the number of employees in shared spaces, including kitchens, host stands, break rooms, and offices, to maintain at least a six-foot distance between employees.
9. Outpatient health-care facilities, including clinics, primary care physician offices, or dental offices, and also including veterinary clinics, must:
- a. Post signs at entrance(s) instructing patients to wear a face covering when inside.
 - b. Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask patients, if possible, to wait in cars for their appointment to be called.
 - c. Mark waiting rooms to enable six feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
 - d. Enable contactless sign-in (e.g., sign in on phone app) as soon as practicable.
 - e. Add special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
 - f. Conduct a common screening protocol for all patients, including a temperature check and questions about COVID-19 symptoms.
 - g. Place hand sanitizer and face coverings at patient entrance(s).
 - h. Require employees to make proper use of personal protective equipment in accordance with guidance from the CDC and OSHA.
 - i. Require patients to wear a face covering when in the facility, except as necessary for identification or to facilitate an examination or procedure.
 - j. Install physical barriers at sign-in, temperature screening, or other service points that normally require personal interaction (e.g., plexiglass, cardboard, tables).
 - k. Employ telehealth and telemedicine to the greatest extent possible.

- l. Limit the number of appointments to maintain social distancing and allow adequate time between appointments for cleaning.
 - m. Employ specialized procedures for patients with high temperatures or respiratory symptoms (e.g., special entrances, having them wait in their car) to avoid exposing other patients in the waiting room.
 - n. Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients.
 - o. Establish procedures for building disinfection in accordance with CDC guidance if it is suspected that an employee or patient has COVID-19 or if there is a confirmed case.
10. All businesses or operations that provide in-home services, including cleaners, repair persons, painters, and the like, must:
- a. Require their employees (or, if a sole-owned business, the business owner) to perform a daily health screening prior to going to the job site.
 - b. Maintain accurate appointment record, including date and time of service, name of client, and contact information, to aid with contact tracing.
 - c. Limit direct interaction with customers by using electronic means of communication whenever possible.
 - d. Prior to entering the home, inquire with the customer whether anyone in the household has been diagnosed with COVID-19, is experiencing symptoms of COVID-19, or has had close contact with someone who has been diagnosed with COVID-19. If so, the business or operation must reschedule for a different time.
 - e. Limit the number of employees inside a home to the minimum number necessary to perform the work in a timely fashion.
 - f. Gloves should be worn when practical and disposed of in accordance with guidance from the CDC.
11. All businesses or operations that provide barbering, cosmetology services, body art services (including tattooing and body piercing), tanning services, massage services, or similar personal-care services must:
- a. Maintain accurate appointment and walk-in records, including date and time of service, name of client, and contact information, to aid with contact tracing.
 - b. Post sign(s) at store entrance(s) informing customers not to enter if they are or have recently been sick.
 - c. Restrict entry to customers, to a caregiver of those customers, or to the minor dependents of those customers.
 - d. Require in-use workstations to be separated by at least six feet from one another and, if feasible, separate workstations with physical barriers (e.g., plexiglass, strip curtains).
 - e. Limit waiting-area occupancy to the number of individuals who can be present while staying six feet away from one another and ask customers, if possible, to wait in cars for their appointment to be called.
 - f. Discontinue all self-service refreshments.

- g. Discard magazines in waiting areas and other nonessential, shared items that cannot be disinfected.
 - h. Mark waiting areas to enable six feet of social distancing (e.g., by placing X's on the ground and/or removing seats in the waiting room).
 - i. Require employees to make proper use of personal protective equipment in accordance with guidance from the CDC and OSHA.
 - j. Require employees and customers to wear a face covering at all times, except that customers may temporarily remove a face covering when receiving a service that requires its removal. During services that require a customer to remove their face covering, an employee must wear a face shield or goggles in addition to the face covering.
 - k. Install physical barriers, such as sneeze guards and partitions at cash registers, where maintaining physical distance of six feet is difficult.
 - l. Cooperate with the local public health department if a confirmed case of COVID-19 is identified in the facility.
12. Sports and entertainment facilities, including arenas, cinemas, concert halls, performance venues, sporting venues, stadiums and theaters, as well as places of public amusement, such as amusement parks, arcades, bingo halls, bowling alleys, night clubs, skating rinks, and trampoline parks, must:
- a. Post signs outside of entrances informing customers not to enter if they are or have recently been sick.
 - b. Encourage or require patrons to wear face coverings.
 - c. Establish crowd-limiting measures to meter the flow of patrons (e.g., digital queuing, delineated waiting areas, parking instructions, social distance markings on ground or cones to designate social distancing, etc.).
 - d. Use physical dividers, marked floors, signs, and other physical and visual cues to maintain six feet of distance between persons.
 - e. Limit seating occupancy to the extent necessary to enable patrons not of the same household to maintain six feet of distance from others (e.g., stagger group seating upon reservation, close off every other row, etc.).
 - f. For sports and entertainment facilities, establish safe exit procedures for patrons (e.g., dismiss groups based on ticket number, row, etc.).
 - g. For sports and entertainment facilities, to the extent feasible, adopt specified entry and exit times for vulnerable populations, as well as specified entrances and exits.
 - h. Train employees who interact with patrons (e.g., ushers) on how to:
 - 1. Monitor and enforce compliance with the facility's COVID-19 protocols.
 - 2. Help patrons who become symptomatic.
 - i. Frequently disinfect high-touch surfaces during events or, as necessary, throughout the day.
 - j. Disinfect and deep clean the facility after each event or, as necessary, throughout the day.
 - k. Close self-serve food or drink options, such as buffets, salad bars, and drink stations.

13. Gymnasiums, fitness centers, recreation centers, sports facilities, exercise facilities, exercise studios, and like facilities must:
 - a. Post sign(s) outside of entrance(s) informing individuals not to enter if they are or have recently been sick.
 - b. Maintain accurate records, including date and time of event, name of attendee(s), and contact information, to aid with contact tracing.
 - c. To the extent feasible, configure workout stations or implement protocols to enable ten feet of distance between individuals during exercise sessions (or six feet of distance with barriers).
 - d. Reduce class sizes, as necessary, to enable at least six feet of separation between individuals.
 - e. Provide equipment cleaning products throughout the gym or exercise facility for use on equipment.
 - f. Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available.
 - g. Regularly disinfect exercise equipment, including immediately after use. If patrons are expected to disinfect, post signs encouraging patrons to disinfect equipment.
 - h. Ensure that ventilation systems operate properly.
 - i. Increase introduction and circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods.
 - j. Regularly clean and disinfect public areas, locker rooms, and restrooms.
 - k. Close steam rooms and saunas.
14. Employers must maintain a record of the requirements set forth in Sections 1(c), (d), and (k).
15. The rules described in sections 1 through 14 have the force and effect of regulations adopted by the departments and agencies with responsibility for overseeing compliance with workplace health-and-safety standards and are fully enforceable by such agencies. Any challenge to penalties imposed by a department or agency for violating any of the rules described in sections 1 through 14 of this order will proceed through the same administrative review process as any challenge to a penalty imposed by the department or agency for a violation of its rules.
16. Any business or operation that violates the rules in sections 1 through 14 has failed to provide a place of employment that is free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to an employee, within the meaning of the Michigan Occupational Safety and Health Act, MCL 408.1011.
17. Executive Order 2020-109, which establishes temporary safety measures for food-selling establishments and pharmacies, does not terminate until the end of the states of emergency and disaster declared in Executive Order 2020-99 or the end of any subsequently declared states of disaster or emergency arising out of the COVID-19 pandemic, whichever comes later.
18. Nothing in this order shall be taken to limit or affect any rights or remedies otherwise available under law.

Given under my hand and the Great Seal of the State of Michigan.

GRETCHEN WHITMER
GOVERNOR