

COVID-19 Policy Tracker

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<p>Gathering Limitations</p> <p><i>MDHHS Epidemic Order last amended June 1, 2021 and remaining in effect through July 1, 2021.</i></p>	<p>Limits indoor non-household gatherings to 25 people and maintains the 50% capacity for indoor dining. Food service establishments are required to limit indoor dining groups to a maximum of six patrons. Outpatient health facilities are encouraged to have patients wait in their cars and must maintain a 6-foot distance when indoors. See fact sheet here.</p>
<p>Face Mask Requirement</p> <p><i>MDHHS Epidemic Order last amended June 1, 2021 and remaining in effect through July 1, 2021.</i></p>	<p>Maintains the indoor public face mask requirement for all people ages 5+ and a “good faith effort” to ensure children ages 2-4 wear a mask while participating in indoor gatherings. The new order provides for a broad exemption from this rule for those who are fully vaccinated. Health facilities may still choose to require face masks upon entry.</p>
<p>Contact Tracing Requirement</p> <p><i>MDHHS Epidemic Order last amended June 1, 2021 and remaining in effect through July 1, 2021.</i></p>	<p>Exercise facilities, dine-in food establishments, and in-home services are required to maintain records of the names and phone numbers of patrons who consume food or beverage on the premises, as well as the date and time of entry. Other businesses are required to maintain records of individuals with possible COVID-19 exposure.</p>

<p>Requirements for All Employers</p> <p><i>MIOSHA Emergency Rules last amended April 10, 2021 and remaining in effect through October 14, 2021.</i></p>	<p>Requires all employers to evaluate employee risk and establish a preparedness plan with procedures to limit exposure, train on infection control policies, increase routine cleaning, and accommodate employees who may get sick. See quick fact sheet here.</p>
<p>Requirements for Restaurants</p> <p><i>MIOSHA Emergency Rules last amended April 10, 2021 and remaining in effect through October 14, 2021.</i></p>	<p>Requires 6-feet of separation between groups, face coverings when not seated, limits access to common areas, and requires new signage to inform customers of new rules.</p>
<p>Requirements for Healthcare Facilities</p> <p><i>MIOSHA Emergency Rules last amended April 10, 2021 and remaining in effect through October 14, 2021.</i></p>	<p>Requires 6-feet of separation and limited waiting area occupancy, signage at entrances to inform patients of the face mask requirement, a temperature check and COVID-19 symptom questionnaire, physical barriers at sign-in, and hand sanitizer at patient entrances. See MIOSHA fact sheet here, and a MIOSHA slide deck for outpatient health services here.</p>
<p>Requirements for In-Home Services</p> <p><i>MIOSHA Emergency Rules last amended April 10, 2021 and remaining in effect through October 14, 2021.</i></p>	<p>Requires record keeping of date and time of service, as well as patient contact information for tracing purposes. Prior to entering the home, providers must inquire with the customer whether anyone in the household has been diagnosed or experiencing symptoms of COVID-19. If so, the business must reschedule for a different time.</p>
<p>Requirements for Sports and Exercise Facilities</p> <p><i>MIOSHA Emergency Rules last amended April 10, 2021 and remaining in effect through October 14, 2021.</i></p>	<p>Requires new signage to inform customers of face mask requirement and to stop entry if sick. Requires cleaning products to be available throughout the facility for use on equipment, and a properly working ventilation system. Masks are mandated at all times except when swimming.</p>

<p>Resident and Employee Protections – Requirements for Residential Care Facilities</p> <p><i>MDHHS Epidemic Order last amended May 21, 2021</i></p>	<p>Facilities must make efforts to:</p> <ul style="list-style-type: none"> • Allow communal dining while maintaining 6 ft distancing • Require and enforce mask-wearing if unvaccinated resident is present • Increased access to hand hygiene products <p>Employees and residents must be informed as soon as possible of an infection, no later than 12 hours after identification. Within 24 hours of identification, facilities must inform legal guardians, post notice near entrance for 14 days, and engage the local health department and MDHHS to support contact tracing efforts.</p>
<p>Requirements for Testing – Standing Order for COVID-19 Tests</p> <p><i>MDHHS Epidemic Order last amended February 2, 2021.</i></p>	<p>This order allows any person appropriately trained to administer a COVID-19 test to collect and submit for laboratory analysis and allows labs to provide results directly to the individual who was tested. Providers are required to ensure consent, provide information or a fact sheet, collect necessary documentation, and submit data to MDHHS and a local health department.</p>
<p>Requirements for New Tests – Standing Order for COVID-19 Tests</p> <p><i>MDHHS Epidemic Order last amended February 2, 2021.</i></p>	<p>This order allows a chief medical executive, health officer, or medical director to issue a standing order for any Clinical Laboratory Improvement Amendment (CLIA) waived, FDA authorized COVID-19 test that has received emergency use authorization.</p>
<p>Requirements for Laboratories</p> <p><i>MDHHS Epidemic Order last amended January 13, 2021.</i></p>	<p>Clinical Laboratory Improvement Amendment (CLIA)-certified facilities must prioritize sampling and testing for COVID-19 as instructed by the department.</p>
<p>Requirements for Hospitals</p> <p><i>MDHHS Epidemic Order last amended January 13, 2021.</i></p>	<p>Hospitals must abide by department instruction on reporting information related to the COVID-19 response.</p>

<p>Requirements for Health Professionals</p> <p><u>MDHHS Epidemic Order</u> last amended January 13, 2021.</p>	<p>Physicians and other health professionals who collect COVID-19 tests must label specimens as instructed by the department. Those who administer a vaccine for COVID-19 must document that vaccination in the Michigan Care Improvement Registry (MCIR).</p>
<p>Requirements for Healthcare Facilities – Healthcare Facility Visitation</p> <p><u>MDHHS Epidemic Order</u> last amended June 3, 2020.</p>	<p>Hospitals, psychiatric care centers, outpatient clinics, and doctor’s offices may allow visitors if the following is done:</p> <ul style="list-style-type: none"> • Limited visitor entryways to allow for proper screening • Signage outlining COVID-19 symptoms and instruction to those with them not to enter • Health evaluations of all individuals entering the building • Strongly discouraged guest entry to persons at high risk • Restricted visitation to patient’s room/other designated locations • Mask requirements for visitors at all times, and removal of those who fail to abide • Video and audio alternatives to visitations • Prohibited visitation during aerosol-generating procedures or during collection of respiratory specimens • Permitted visitation only during select hours and limits the number of visitors per patient.
<p>Requirements for Health Facilities – Handling of Bodily Remains</p> <p>MDHHS Epidemic Order last amended May 4, 2020</p>	<p>Health facilities must locate an authority to dispose of a body within 24 hours of death. If attempts to locate the person with authority are unsuccessful, the county medical examiner shall assume responsibility. The person with authority to dispose must complete arrangements within 48 hours of death. Storage of bodily remains must be in an appropriate and respectful manner. If a hospital utilizes alternate facilities for storage, it must properly notify the designated authority so as not to delay processes. If a death occurs in an ambulance and the nearest hospital lacks capacity, the next nearest hospital must accept the body if they have capacity to do so.</p>
<p>Licensing Out-of-State Providers – Guidance for Professional Licensing</p> <p><u>LARA exemptions</u> for out of state providers</p>	<p>LARA provided clarification on an existing rule that allows their department to waive professional licensure requirements when providing care related to a state of emergency. This provision does not require an individual to apply to LARA. Please reach out to the MHA for further guidance. Please email <u>pfults@mha.org</u> with any questions.</p>

<p>English Language Requirements – Guidance for Professional Licensing</p> <p><i>LARA exemptions for out of state providers</i></p>	<p>LARA has waived the requirement for English language proficiency exams for licensure to be performed in-person. These exams may now be completed online. See here for more information.</p>
<p>Requirements for Hospitals – Emergency CON Surge Beds</p> <p><i>Bureau of Community and Health Systems / Bureau of Fire Services</i></p>	<p>Standing temporary license allows all hospitals to modify and expand capacity in response to the COVID-19 emergency. Hospitals must apply and receive emergency CON if adding beds and notify the state within 72 hours of start of operations. See the application for approval of new beds here, and application for modifying beds here. Please email pfults@mha.org with questions.</p>
<p>90-day Rule Exemption – Exemption for Sharps Containers</p> <p><i>Department of Environment, Great Lakes and Energy, set to expire on July 31, 2021.</i></p>	<p>EGLE has waived the existing requirement that sharps containers be replaced every 90 days, now just requiring them to be replaced when full. Please note that this exemption was granted for MHA member hospitals only, and other hospitals or healthcare facilities must apply for an exemption individually. EGLE requested that MHA reach out at least 30 days in advance if an extension is needed. Please email ssorenson@mha.org for questions/concerns.</p>