



Instructions:

This form provides direction and documentation to take action to help mitigate potential risk of COVID-19 transmission upon learning of a known or suspected COVID-19 case potentially impacting facilities, employees, or other stakeholders.

Process for Supervisor

- Complete the “Incident Information” and “Immediate Response” section.
- Provide [THIS LINK](#) to Employee (CDC Guidance for Isolation and Quarantine)
- Forward to the COVID-19 Safety Coordinator who will complete the form.

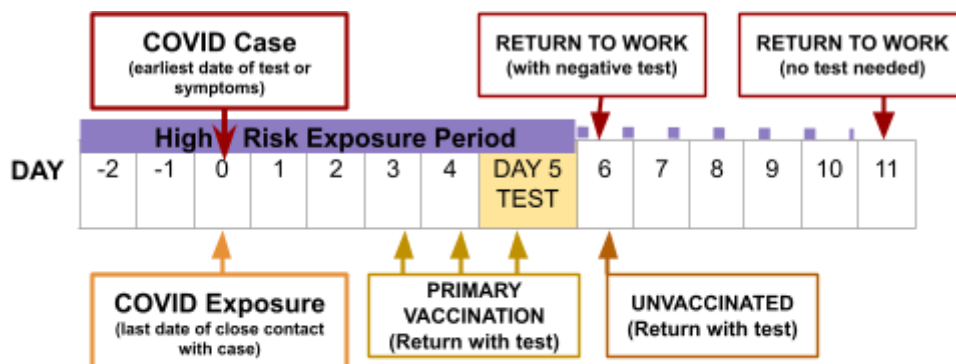
Key Definitions

Symptoms or Positive Test --Known or Suspected Case. For purposes of this plan, a known or suspected case is someone who has COVID-19 symptoms or who has tested positive for COVID-19, unless otherwise determined (e.g., medical professional). A negative test does not necessarily mean that a person does not have COVID-19.

Exposure --Exposure/Close Contact. Use this definition to identify a qualifying case. If a person's reported exposure does not meet this criteria, it is likely NOT reportable; directly contact the COVID-19 Safety Coordinator for clarification.

- Within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period during the “high-risk exposure period”
 - o Exposure period for COVID-19 cases with symptoms starts two days before they first develop symptoms and continues until all of the following are true:
 - 10 days have passed since symptoms first appeared
 - 24 hours have passed with no fever, without the use of fever-reducing medications
 - Symptoms have improved.
 - o Exposure period for COVID-19 cases who never develop COVID-19 symptoms starts two days before the specimen for their first positive test for COVID-19 was *collected* and continues until they are cleared from isolation
- Applies to time/distance *indoors or outdoors*
- Applies *with or without* the use of face coverings (exception only for fit-tested respirators)
- Transmissions *may* occur in less time with large viral exposure.

Secondary Exposure – Contact with a person who was only identified as an **Exposure** per the prior definition– NOT a reportable qualifying case. Employees work without modification.



Unvaccinated (even if prior infection) QUARANTINE: Test Day 5, return Day 6 if negative
Primary Vaccination (eligible for booster but NOT boosted) QUARANTINE: Test Day 3-5, return as soon as negative result available
Up-To-Date Vaccination (primary vaccines + booster if eligible) NO QUARANTINE: Test on Day 5

Supervisors: If a reporting person is present at work and needs emergency care, ask others to leave the area and dial 911. If the reporting person does not need emergency care, please have them wear a face covering (mask or N95 respirator) and go to their vehicle. **Incident Information interview should take place over the phone, not in-person.**

Incident Information (Supervisor to complete)			
Area/Dept:			
Supervisor:		Report Date:	
Subject Person:			<input type="checkbox"/> Employee <input type="checkbox"/> Student/Visitor
Phone/Email:			
Is the person reporting Exposure to a person with COVID or symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s) of exposure :	
Is the person reporting their own Symptoms or Positive Test ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	First date of symptoms or date of positive test result (whichever is earlier):	
		Date(s) was the person on-site, starting 2 days before the first symptoms or positive test:	
Does the reporting person have FULL INITIAL VACCINATION (at least 14 days past first COVID-19 vaccination(s))?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to state (follow same protocol as “no”)	J&J, Vaccine Date: _____ Pfizer or Moderna, 2nd Vaccine Date: _____	
Does the reporting person have a BOOSTER (2 months after J&J, 6 months after Moderna or Pfizer)?	<input type="checkbox"/> Yes, Date of BOOSTER: _____ <input type="checkbox"/> No <input type="checkbox"/> Declined to state (follow same protocol as “no”)		

Vaccinations are considered “Up-to-date” AFTER a full initial vaccination AND a booster, if booster-eligible (over age 18 and 2 months after J&J, or 6 months after Moderna/Pfizer).

Immediate Response (Supervisor to complete)		Done
<p>Note: Immediate response actions are interim until a more detailed assessment is performed. If uncertainties arise, actions should err on the side of being more protective of people's health.</p>		
1.	<p>Subject Response: <u>Symptoms</u> or <u>Positive Test</u>. Have them go home (or stay home). If the case is reported while they are still in the area, isolate them from others until they leave, and do not allow other people in that space for 24 hours. Tell them to follow Guidance from the CDC on what to do, and to contact Human Resources for further information regarding benefits.</p>	<input type="checkbox"/> N/A
2.	<p>Subject Response: Person is reporting <u>Exposure</u>. If NOT fully vaccinated (and boosted if eligible) have the person go home or stay home. Tell them to follow guidance from the CDC on what to do, and to contact Human Resources for further information regarding benefits. Persons with up-to-date vaccination (with booster if eligible) do not need to go home.</p>	<input type="checkbox"/> N/A
3.	<p>Notify the COVID-19 Safety Coordinator: Do not share the identity of the person involved with any other parties except Human Resources.</p>	<input type="checkbox"/>
4.	<p>LIST on next page other Close Contacts to person with <u>Symptoms</u> or <u>Positive Test</u>* *If the subject person is reporting <u>Exposure</u>, then no action is needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Record the names of persons all people meeting the definition of close contact/exposed to the subject person <input type="checkbox"/> Fully Vaccinated (and boosted if booster-eligible) close contacts must be notified within 1 business day and must do daily symptom checks but may continue to work/attend school normally if symptom-free. <input type="checkbox"/> Close contacts who are NOT up to date with vaccination (full vaccination + booster if eligible) must be notified ASAP and go home and may not return to work until a negative test taken at least 3 days after contact. Unvaccinated with a negative test on day 5 may return to work on day 6. Tell them that they may contact Human Resources for further information regarding benefits. 	<input type="checkbox"/> N/A
5.	<p>Address Indoor Areas occupied for more than 15 minutes by person with <u>Symptoms</u> or <u>Positive Test</u>* *If the person is only reporting an <u>Exposure</u>, then no action is needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Close indoor areas that have been occupied for more than 15 minutes by the person within the last 24 hours. If possible, open windows before closing the door and post a sign with time and date that 24 hour closure would be complete. <input type="checkbox"/> If area, material, or equipment is indoors and will be used by another employee within 24 hours of the COVID-19 case, it must be disinfected prior to use. <input type="checkbox"/> If 24-72 hours have passed since the area was occupied by a COVID-19 positive individual, perform routine cleaning. <input type="checkbox"/> If more than 72 hours have passed since area was occupied by a COVID-19 positive individual, continue normal cleaning schedule, do not need special cleaning 	<input type="checkbox"/> N/A
6.	<p>Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.</p>	<input type="checkbox"/>
7.	<p>Notification to Client Worksite needed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, PM Notified:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (State reason in Notes Section) <input type="checkbox"/> N/A 	<input type="checkbox"/>

Instructions: List anyone who was within six feet of the person for a cumulative total of 15 minutes or greater in any 24-hour period DURING the “high-risk exposure period”

High Risk Exposure Period Calculation:

EARLIEST date the person either had Symptoms OR had Positive Test _____

High risk period is _____ TO _____
 2 days before 5 days with negative test, 10 days without

CLOSE CONTACT/EXPOSURE LIST (if person reporting Symptoms or Positive Test)*
 *If the person is only reporting an Exposure, then this form IS NOT needed.

Area/Operation:			Report Date:	Vaccination Status*			Date for Return
ID#	Date of Most Recent Exposure	Approx Minutes Exposed	Person (last/first). List role/entity if not an employee.	<input type="checkbox"/> Up-to-date (UTD) <input type="checkbox"/> Primary (P) <input type="checkbox"/> None/Incomplete (N) (*Completed by HR)			
				UTD	P	N	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Print additional pages if needed

Case Responder Incident Assessment: All Cases		Done
1.	Review the "Incident Information" and "Immediate Response" sections of this form and confirm that they have been properly addressed.	<input type="checkbox"/>
2.	Confirm that Human Resources has followed up with the subject person if an employee. If a visitor is the subject person, then the case responder is responsible for follow-up.	<input type="checkbox"/>
3.	Evaluate the work area/operation to ensure that proper COVID-19 safe practices are being followed, inspect if concerns arise.	<input type="checkbox"/>
4.	Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call).	<input type="checkbox"/>
5.	Inform supervisors of expected return dates for employees who are cases or contacts	<input type="checkbox"/>
6.	Update general notes as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.	<input type="checkbox"/>

Incident Assessment: Exposed Person		Done	N/A
1.	<p>Follow-up with the person to see if they develop symptoms or a positive test. If they have no symptoms, they may return to work with good masking as follows</p> <ul style="list-style-type: none"> <input type="checkbox"/> If primary vaccination is complete but no booster, get tested 3-5 days after their last exposure. May return as soon as the negative test result is available. <input type="checkbox"/> If incomplete vaccination or no vaccination, get tested on Day 5 after last exposure. If negative, may return to work on Day 6. If testing is unavailable, return on Day 11. <p>If positive test or symptoms at any time, initiate a new case response form.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Incident Assessment: Symptoms or Positive Test		Done	N/A
1.	Contact the local county health department to report more than 3 confirmed cases over 14 days due to transmission in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
2.	Verify "Immediate Response" item #4 (Close contact/exposure) has been conducted to ensure proper identification of potentially exposed people. Update the list and take further actions (including communicating exposure to non-employees) if needed.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Review "Immediate Response" item #5 (Occupied areas) to ensure identification and appropriate action for impacted areas	<input type="checkbox"/>	<input type="checkbox"/>
4.	<p>Follow-up with the subject person to determine when they can return, and note. In general, known or suspect cases can return after ALL of the following are met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least 24 hours with no fever (100.4 or greater) without fever-reducing medication AND <input type="checkbox"/> Other symptoms of COVID-19 are improving AND <input type="checkbox"/> At least 5, and up to 10 days* since positive test or symptoms first appeared <p>CDPH allows isolation to end after 5 days if the antigen test is negative. No testing is needed to return after a 10 day quarantine. Additional guidance may be given by medical professionals.</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Follow-up with close contact employees sent home, return to work guided by Exposed Person criteria above.	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 Safety Coordinator: Sign below to confirm completion of the protocol in this form.

Name

Signature

Date