



**Note: These practices are current as of the revision date. Since the COVID-19 pandemic is evolving rapidly, extra diligence should be used in watching for updates to these practices.**

**Instructions:**

The purpose of this form is to provide direction and documentation regarding the response actions to take 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. Supervisors (Dean, Director, Manager, Vice President, President, Vice Chancellor or Chancellor) are responsible for completing the “Incident Information” and “Immediate Response” section of this form and working with the COVID-19 Safety Coordinator who is responsible for completing the additional sections of this form.

**Key Definitions:**

- **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 by a medical professional. A negative test does not necessarily mean that a person does not have COVID-19. Further information on case identification can be found at: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>.
- **Exposure.** An exposure is generally considered to occur when someone is within six feet of a known or suspected case for ≥ 15 minutes, starting 48 hours prior to when the case first had symptoms or took a positive test (whichever is earlier) without the benefit of proper personal protective equipment. Exposure may also occur within a shorter duration depending on the nature of interaction (e.g., being coughed/sneezed upon, physical contact, long periods in a small space). Cloth face coverings (a.k.a., “masks”) are not considered to prevent exposure within six feet, however respirators (e.g., N95) may be. CDC guidance on evaluating exposure can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> and <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>.

**Supervisors:** Complete the Incident Information and Immediate Response sections below and use the form in Attachment A to record any additional information or detail.

| Incident Information  |   |   |   |
|---|---|---|---|
| <b>Area/Operation:</b>  |   |   |   |
| <b>Supervisor:</b>  |   | <b>Report Date:</b>   |   |
| <b>Subject Person:</b>  |   |   | <b>Employee?</b> <input type="checkbox"/><br><b>Student?</b> <input type="checkbox"/> |
| <b>Phone/Email:</b>   |   | <b>Date of Birth:</b>   |   |
| <b>Is the person reporting exposure to a case?</b>  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>If “yes”, list date of exposure:</b>   |   |
| <b>Is the person reporting symptoms or a positive test?</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>If yes, list symptom onset date or date test collected (whichever is earlier):</b> |   |
| <b>Date the person was last in the subject area:</b><br>(If >14 days ago, no further action is required). |   | <b>Has the person been fully vaccinated?</b>  | <b>Yes</b> <input type="checkbox"/><br><b>No</b> <input type="checkbox"/>             |

**Supervisors:** Complete the Immediate Response section below and use the form in Attachment A to record any additional information or detail.

| Immediate Response  |   | Done                     |
|---|---|--------------------------|
| 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. |   |                          |
| 1.  | <b>Notify.</b> Inform the COVID-19 Safety Coordinator of the incident. Do not share the identity of the person involved with any other parties except COVID-19 Safety Coordinator and/or Human Resources.   | <input type="checkbox"/> |
| 2.  | <b>Address the subject person.</b> Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an <b>employee</b> , tell them that they should contact Human Resources for further information regarding available benefits, and that the supervisor will provide additional information after conference with the COVID-19 Safety Coordinator. If they are a <b>student</b> the Dean will coordinate with the COVID-19 Safety Coordinator and provide information to the Faculty for communication to the student. If the case is reported while they are still in the area, isolate them from others until they leave. Be aware that the case may need assistance in arranging transport home or to a healthcare provider. | <input type="checkbox"/> |
| 3.  | <b>Address potentially exposed people.</b><br><input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed.<br><input type="checkbox"/> If the subject person is a known or suspected case, send home people with potential exposure to the person. Tell them to follow guidance from the CDC on what to do ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an <b>employee</b> , tell them that they should contact Human Resources with further information regarding available benefits. The supervisor will confer with the COVID-19 Safety Coordinator and provide information back to the employee or student after conference with the COVID-19 Safety Coordinator. Record the names of persons sent home in Attachment B.   | <input type="checkbox"/> |
| 4.  | <b>Address areas with prolonged exposure (closure).</b><br><input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed.<br><input type="checkbox"/> If the subject person has not been in the area for >7 days, then no action is needed.<br><input type="checkbox"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, then shut-down areas where they spent a prolonged period (e.g., ≥15 minutes) or had substantial interactions with the area. The time period in question begins starting from two days before the case first showed symptoms, or two days from date a positive test was collected, whichever is earlier. If it has been less than 24 hours since they were in an indoor area, then open exterior doors/windows to and stay out until at least 24 hours have passed. Inventory the closed areas using the cleaning/disinfection log in Attachment C. | <input type="checkbox"/> |
| 5.  | <b>Address areas without prolonged exposure (cleaning).</b><br><input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed.<br><input type="checkbox"/> If the subject person has not been in the area for >7 days, then no action is needed.<br><input type="checkbox"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, ensure frequently contacted surfaces throughout remaining open areas are cleaned/disinfected as soon as possible, along with any additional surfaces the case is believed to have touched outside of closed areas. Inventory the surfaces cleaned using the cleaning/disinfection log in Attachment C.   | <input type="checkbox"/> |
| 6.  | <b>Additional assessment.</b> Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.   | <input type="checkbox"/> |

**COVID-19 Safety Coordinator:** Complete the incident assessment section below corresponding to the type of incident and use Attachment A to record any additional information or detail.

| <b>Incident Assessment: Exposed Person</b> |  | <b>Done</b>              |
|--|--|--------------------------|
| 1.   | Review the "Incident Information" and "Immediate Response" sections of this form and confirm that have been properly addressed.  | <input type="checkbox"/> |
| 2.   | Confirm that Employee has contacted Human Resources to follow up with the subject person, if an employee, regarding available benefits related to COVID-19.  | <input type="checkbox"/> |
| 3.   | Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan "Inspection Form".   | <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.   | Follow-up with subject person to see if they develop symptoms or a positive test. If so, initiate a new case response form. If not, they can return 14 days after their last exposure. Document return using the form in Attachment B. | <input type="checkbox"/> |
| 6.   | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.   | <input type="checkbox"/> |

| <b>Incident Assessment: Known/Suspected Case (&gt;7 days since in the area)</b> |  |                          |
|---|--|--------------------------|
| 1.  | Review the "Incident Information" section of this form and confirm accuracy.   | <input type="checkbox"/> |
| 2.  | Confirm that Employee has contacted Human Resources to follow up with the subject person if an employee.   | <input type="checkbox"/> |
| 3.  | The COVID-19 Safety Coordinator will contact the Alameda County Health Department to report the incident if three or more COVID-19 cases are identified in a workplace within a 14 day period. The response plan may be modified, based on direction from the county.  | <input type="checkbox"/> |
| 4.  | Review "Immediate Response" item #3 (exposed persons) and conduct an assessment (in-house or by third party consultant) to ensure proper identification of potentially exposed people. Update the list in Attachment B.  | <input type="checkbox"/> |
| 5.  | Take further actions as needed regarding potentially exposed people. This may involve sending more employees home or telling some they can come back, as well as communicating exposure to non-employees as appropriate (e.g., direct notification, contacting employers, postings).   | <input type="checkbox"/> |
| 6.  | Confirm that Employee has contacted Human Resources to followed up with potentially exposed employees regarding available benefits.  | <input type="checkbox"/> |
| 7.  | Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan "Inspection Form".   | <input type="checkbox"/> |
| 8.  | 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"/> |
| 9.  | Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a> ). In general, known or suspect cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B. | <input type="checkbox"/> |
| 10.   | Follow-up with employees sent home due to potential exposure to see if they develop symptoms or a positive test. If so, initiate a new case response form. If not, they can return 14 days after their last exposure. Document return using the form in Attachment B.  | <input type="checkbox"/> |
| 11.   | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.   | <input type="checkbox"/> |

| <b>Incident Assessment: Known/Suspected Case (≤7 days since in the area)</b> |  |                          |
|--|--|--------------------------|
| 1.   | Review the "Incident Information" section of this form and confirm accuracy.   | <input type="checkbox"/> |
| 2.   | Confirm that employee has contacted Human Resources to followed up with the subject person if an employee, regarding available benefits.   | <input type="checkbox"/> |
| 3.   | The COVID-19 Safety Coordinator will contact the Alameda County Health Department to report the incident if three or more COVID-19 cases are identified in a workplace within a 14 day period. Modify the response plan based on direction from the county.  | <input type="checkbox"/> |
| 4.   | Review "Immediate Response" item #3 (exposed persons) and conduct an assessment (in-house or by third party consultant) to ensure proper identification of potentially exposed people. Update the list in Attachment B.  | <input type="checkbox"/> |
| 5.   | Take further actions as needed regarding potentially exposed people. This may involve sending more employees home or telling some they can come back, as well as communicating exposure to non-employees as appropriate (e.g., direct notification, contacting employers, postings).   | <input type="checkbox"/> |
| 6.   | Review "Immediate Response" item #4 (impacted areas) and conduct an assessment (in-house or by third party consultant) to ensure proper identification of areas for closure. Adjust areas and update Attachment C as appropriate.  | <input type="checkbox"/> |
| 7.   | Review "Immediate Response" item #5 (non-closed areas) and conduct an assessment (in-house or by third party consultant) to ensure that the appropriate surfaces have been cleaned/disinfected. Ensure immediate cleaning/disinfection of additional surfaces and update Attachment C as appropriate.  | <input type="checkbox"/> |
| 8.   | Develop a cleaning/disinfection scope for impacted/closed areas using Attachment C and arrange for the cleaning/disinfection by appropriate in-house or outside resources.   | <input type="checkbox"/> |
| 9.   | Monitor cleaning/disinfection (in-house or by third party consultant) to document that the proper scope is completed following proper methods (e.g., registered products, application method, contact time).   | <input type="checkbox"/> |
| 10.  | Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan "Inspection Form".   | <input type="checkbox"/> |
| 11.  | 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"/> |
| 12.  | Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a> ). In general, known or suspect cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B. | <input type="checkbox"/> |
| 13.  | Follow-up with employees sent home due to potential exposure to see if they develop symptoms or a positive test. If so, initiate a new case response form. If not, they can return 14 days after their last exposure. Document return using the form in Attachment B.  | <input type="checkbox"/> |
| 14.  | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.   | <input type="checkbox"/> |

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

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### Attachment A: Case Response--General Notes

|                 |  |              |  |
|-----------------|--|--------------|--|
| Area/Operation: |  | Report Date: |  |
|-----------------|--|--------------|--|

| Date | Notes/Event |
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| Attachment B: Case Response--Persons Potentially Exposed |                       |   |                          |                         |
|--|-----------------------|---|--------------------------|-------------------------|
| Area/Operation:  |                       |   | Report Date:             |                         |
| ID#  | Last Date of Exposure | Person (last/first). <i>List role/entity if not an employee. (Student, Employee, Vendor, Visitor)</i> | Vaccinated               | Date Cleared for Return |
|  |                       |   | <input type="checkbox"/> |                         |
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| Attachment C: Case Response—Cleaning/Disinfection Log |     |              |                             |   |
|---|-----|--------------|-----------------------------|---|
| Area/Operation:                                       |     |              |                             | Report Date:  |
| Done  | ID# | Area/Surface | Infection Risk <sup>1</sup> | Cleaning/Disinfection Protocol (method/product/party) |
| <input type="checkbox"/>                              |     |              |                             |   |
| <input type="checkbox"/>                              |     |              |                             |   |
| <input type="checkbox"/>                              |     |              |                             |   |
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| <input type="checkbox"/>                              |     |              |                             |   |

**Notes:**  
 1--Infection Risk: Degree of infection risk presented by the surface based on degree of impact and frequency of contact (High, Med, Low or 1,2,3,4...)