**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 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 section below and use the form in Attachment A to record any additional information or detail.

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| **Incident Information** | | | | | |
| **Area/Operation:** |  | | | | |
| **Supervisor:** |  | | | **Report**  **Date:** |  |
| **Subject Person:** |  | | | | **Employee?** 🞎  **Visitor?** 🞎 |
| **Phone/Email:** |  | | | | |
| **Is the person reporting exposure to a case?** | | 🞎Yes  🞎 No | **If “yes”, list date of exposure:** | |  |
| **Is the person reporting symptoms or a positive test?** | | 🞎Yes  🞎 No | **If yes, list symptom onset date or date test collected (whichever is earlier):** | |  |
| **Date the person was last in the subject area:**  (If >14 days ago, no further action is required). | | | | |  |

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

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| **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. | **Notify.** Inform the COVID-19 Safety Coordinator of the incident. Do not share the identity of the person involved with any other parties except Human Resources. | 🞎 |
| 2. | **Address the subject person.** Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>). If they are an employee, tell them that they will be contacted by Human Resources with further information. 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. | 🞎 |
| 3. | **Address potentially exposed people.**   1. If the subject person is just reporting an exposure, then no action is needed. 2. 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 (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>). If they are an employee, tell them that they will be contacted by Human Resources with further information. Record the names of persons sent home in Attachment B. | 🞎 |
| 4. | **Address areas with prolonged exposure (closure).**   1. If the subject person is just reporting an exposure, then no action is needed. 2. If the subject person has not been in the area for >7 days, then no action is needed. 3. 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. | 🞎 |
| 5. | **Address areas without prolonged exposure (cleaning).**   1. If the subject person is just reporting an exposure, then no action is needed. 2. If the subject person has not been in the area for >7 days, then no action is needed. 3. 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. | 🞎 |
| 6. | **Additional assessment.** Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident. | 🞎 |

**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.

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| **Incident Assessment: Exposed Person** | | **Done** |
| 1. | Review the “Incident Information” and “Immediate Response” sections of this form and confirm that have been properly addressed. | 🞎 |
| 2. | Confirm that Human Resources has followed up with the subject person if an employee. | 🞎 |
| 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”. | 🞎 |
| 4. | Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call). | 🞎 |
| 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. | 🞎 |
| 6. | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes. | 🞎 |

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| **Incident Assessment: Known/Suspected Case (>7 days since in the area)** | | |
| 1. | Review the “Incident Information” section of this form and confirm accuracy. | 🞎 |
| 2. | Confirm that Human Resources has followed up with the subject person if an employee. | 🞎 |
| 3. | Contact the Alameda County Public Health Department to report the incident and response plan. Modify the response plan based on direction from the county. Email the County at [covidworkplace@acgov.org](mailto:covidworkplace@acgov.org) | 🞎 |
| 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. | 🞎 |
| 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). | 🞎 |
| 6. | Confirm that Human Resources has followed up with potentially exposed employees. | 🞎 |
| 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”. | 🞎 |
| 8. | Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call). | 🞎 |
| 9. | Follow-up with the subject person to determine when they can return according to CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>). 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 suspect cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 3 days without fever, and c) improvement of respiratory 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. | 🞎 |
| 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. | 🞎 |
| 11. | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes. | 🞎 |

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| **Incident Assessment: Known/Suspected Case (≤7 days since in the area)** | | |
| 1. | Review the “Incident Information” section of this form and confirm accuracy. | 🞎 |
| 2. | Confirm that Human Resources has followed up with the subject person if an employee. | 🞎 |
| 3. | Contact the Alameda County Public Health Department to report the incident and response plan. Modify the response plan based on direction from the county. Email the County at [covidworkplace@acgov.org](mailto:covidworkplace@acgov.org) | 🞎 |
| 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. | 🞎 |
| 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). | 🞎 |
| 6. | Confirm that Human Resources has followed up with potentially exposed employees. | 🞎 |
| 7. | 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. | 🞎 |
| 8. | 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. | 🞎 |
| 9. | 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. | 🞎 |
| 10. | 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). | 🞎 |
| 11. | Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan “Inspection Form”. | 🞎 |
| 12. | Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call). | 🞎 |
| 13. | Follow-up with the subject person to determine when they can return according to CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>). 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 suspect cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 3 days without fever, and c) improvement of respiratory 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. | 🞎 |
| 14. | 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. | 🞎 |
| 15. | Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes. | 🞎 |

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

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| Name |  | Signature |  | Date |

| **Attachment A: Case Response--General Notes** | | | | |
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| **Area/Operation:** | |  | **Report Date:** |  |
| **Date** | **Notes/Event** | | | |
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| **Attachment B: Case Response--Persons Potentially Exposed** | | | | | | | |
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| **Area/Operation:** | |  | | **Report Date:** | | |  |
| **ID#** | **Last Date of Exposure** | | **Person (last/first).** *List role/entity if not an employee.* | | **EE?** | **Date Cleared for Return** | |
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| **Attachment C: Case Response—Cleaning/Disinfection Log** | | | | | | | |
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| **Area/Operation:** | | |  | | | **Report Date:** |  |
| **Done** | **ID#** | **Area/Surface** | | **Infection**  **Risk1** | **Cleaning/Disinfection Protocol** (method/product/party) | | |
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| ***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… )* | | | | | | | |