

23 – COVID-19 Pandemic Response Plan

Appendix A: COVID INCIDENT REPORT for Critical Infrastructure Workers

NAME of EMPLOYEE: _____ FACILITY: _____ DATE: _____
WORK AREA(S) AFFECTED: _____

PART 1 – TYPE OF CASE

- | | |
|---|---|
| <input type="checkbox"/> Close contact | _____ Date of exposure |
| <input type="checkbox"/> Positive test or symptomatic | _____ Date of symptoms or positive test |
| <input type="checkbox"/> International travel | _____ Date of return to US |

PART 2 – CIRCUMSTANCES & CLOSE CONTACTS

- a) _____ Date individual was last on site/at work
- b) Identify location(s) where employee had been working 48 hours before date of exposure/symptoms/positive test:

- c) Identify workplace persons who may have had close contact with this individual during this 48-hr. period. Use the 6/15/48 rule – Who was within 6 ft. of this person for a total of 15 min. or more during the past 48 hours:

PART 3 – RETURN TO WORK (RTW) CRITERIA

CLOSE CONTACT with a COVID-positive or symptomatic person	<ul style="list-style-type: none">• Must wear a mask (properly) when in close contact with others for 10 days.• Test on day 5 or otherwise when requested, if possible. Continue mask use for the 10 days regardless of test result. If test result is positive, follow POSITIVE TEST protocol.• If COVID symptoms develop, stay home from work, take a COVID-19 test, and provide results to Brandt Cook/HR. If test is positive, follow POSITIVE TEST instructions.
POSITIVE TEST FOR COVID-19	<ul style="list-style-type: none">• Must stay home from work for 5 days.• After 5 days, if the individual has no symptoms or symptoms are resolving, he/she may return to work but must wear a mask (properly) when in close contact with others for the next 5 additional days. <p><u>NOTE 1</u> – If the individual has a fever, he/she is not to return to work until the fever resolves. Wear a mask (properly) when in close contact with others until a total of 10 days has elapsed (days away from work + days returned to work).</p> <p><u>NOTE 2</u> – If the individual does not meet these criteria, he/she must continue to stay home from work for 10 days or until cleared by your healthcare professional.</p>
INTERNATIONAL TRAVEL Upon return	<ul style="list-style-type: none">• <u>Fully vaccinated</u> – Follow CLOSE CONTACT protocol.• <u>Otherwise</u> – Stay home from work & self-quarantine for 7 days upon return. If no symptoms & the individual receives a negative COVID-19 viral test at 3-5 days, then may return to work after 7 days. Otherwise, stay home & isolate for 10 days.

** Note that for severe cases, physician may impose additional or expanded RTW restrictions that will need to be met.*

COMMENTS

Person completing report: _____ Signature: _____ Date: _____