

**ENTERPRISE EMPLOYEE HEALTH: COVID-19 POSITIVE CASE CLOSE CONTACT INFORMATION FORM
CONFIDENTIAL**

THIS FORM MUST BE COMPLETED AND RETURNED TO EMPLOYEE HEALTH AS SOON AS POSSIBLE, BUT NO LATER THAN 5:00 PM THE NEXT BUSINESS DAY AFTER NOTIFICATION OF A COVID-19 POSITIVE CASE

In your role as manager, when you are notified that a **HCW** has tested positive for COVID-19 **OR has been exposed to either a household or community member** and thus exposed another HCW in your department, you are required to complete this form in its entirety and submit to Employee Health as soon as possible, but no later than 5:00 p.m. the next business day after notification of a COVID-19 positive case, whether the notification is from the HCW or any other source. The identity of the **HCW** must be kept confidential by the manager and may not be disclosed unless the **HCW** has expressly authorized the sharing of the fact that the **HCW** has tested positive. If you are unable to obtain information about close contacts without identifying the name of the **HCW** please contact Employee Health or the Hospital Command Center for assistance.

PART 1. HCW/PATIENT/OUTSIDE EXPOSURE INFORMATION (TO BE COMPLETED BY EHS ONLY IF THE HCW IS +COVID)

Date:

Name of Manager Filling out Form:

Phone number and email for Manager filling out Form:

Date HCW last in the workplace on site:

Hospital Site:

Department/Unit:

PLEASE SELECT ONE OF MORE OF THE SCENERIOS BELOW FOR THE HCW YOU ARE REPORTING:

1. HCW Has Tested Positive for COVID-19

- a. Name of HCW who tested Positive for COVID-19:
- b. Date of Test Collection: Internal External
- c. Date of Test Result (if applicable):
- d. Last date the HCW was at work:
- e. Date of First Onset of COVID-19 Symptoms (or indicate if Asymptomatic):

2. HCW was Exposed to COVID-19 Through Household/Community Exposure:

- a. Name of HCW who was exposed to COVID-19 positive person:
- b. Relation of HCW to COVID+ person:
- c. Date of Test Collection of Positive household/community member: Internal External
- d. Date of Test Result (if applicable):

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- e. Does community/household member history have history of COVID-19? [] Yes [] No. If Yes, date of prior COVID-19 positive test:
- f. **HCW was Exposed to COVID-19+ Patient in the Workplace:**
- a. Name of HCW who was exposed to a COVID-19+ patient:
 - b. Name of Patient who tested positive: MRN#:
 - c. Date of Test Collection from Patient: [] Internal [] External
 - d. Date Test Result from Patient (if applicable):
 - e. Does patient have history of COVID-19? [] Yes [] No. If Yes, date of prior COVID-19 positive test:

PART 2. EXPOSURE DETERMINATION

Determine if an exposure occurred and whether the HCW had any close contacts in the workplace. Fill out Part 3. If you determine that there were NO close contact/exposures, please indicate so in Part 3 and return to the form to Employee Health at employeehealth@hhs.sccgov.org In Subject line indicate Close Contact Information.

Exposure. When PPE guidelines and source control measures are followed, there is no exposure risk for purposes of this policy. However, HCWs who are close contacts (as defined below) and will be notified per County and Hospital Command Center guidelines and will be offered RT-PCR testing regardless of exposure risk. The following factors shall be considered when determining exposure risk. When determining if an HCW is a close contact, the following Close Contact definition applies: (1) less than 6 feet from the confirmed positive person for at least 15 minutes; or (2) had repeated shorter interactions (which cumulatively total at least 15 minutes) less than 6 feet from the confirmed positive person; or (3) had direct contact with infectious secretions of the person, e.g. being coughed on.

Manager Responsibilities

Identification of potential exposure:

1. In the event there is a reported COVID+ case, the department manager will review the situation (**in consultation with IP as needed**) and obtain the following information:
2. Confirm presence of COVID+ source
3. Confirm period of exposure risk (see below)
4. Nature of contact between HCW and source
5. Length of contact between HCW and source
6. Was 6ft of distance maintained during contact?
7. What was the length of contact?
8. Was the COVID+ source masked or wearing other required PPE during entire contact?
9. Was the HCW masked or wearing other required PPE during entire contact?

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10. Was an Aerosol Generating Procedure performed at the time of contact?

Period of exposure risk (infectiousness):

1. Symptomatic COVID+ source
 - a. A symptomatic COVID+ source will be considered infectious 48h prior to symptom onset and through the last day of work.
2. Asymptomatic COVID+ source
 - a. An asymptomatic COVID+ source will be considered infectious 48 hours prior to collection date of positive specimen and through the last day of work.

Exposure parameters: Distance, PPE and Time

1. Distance parameter: Contact distance less than 6 feet is considered significant.
2. PPE parameters for HCW: HCW not wearing a facemask or respirator or HCW not wearing eye protection if the COVID+ source was not wearing a cloth face covering or facemask. HCW not wearing all recommended PPE per current PPE policy (e.g. facemask/respirator, gowns, gloves, eye protection) while performing an aerosol generated Procedure (AGP) OR HCW not wearing all recommended PPE while in direct contact with infectious secretions of the person, e.g. being coughed on.
3. Time parameter: Exposure Time > 15 min (either a single encounter of at least 15 minutes or repeated shorter encounters cumulatively totaling at least 15 minutes). Transient exposure is not thought to cause viral transmission. However, any duration will be considered an exposure if it occurred during the performance of an AGP.

****ALL 3 PARAMETERS MUST BE MET IN ORDER TO DEEM THAT AN EXPOSURE HAS OCCURRED. AN EXPOSURE IS DIFFERENT FROM A CLOSE CONTACT. CLOSE CONTACTS ARE BASED ON DISTANCE AND TIME PARAMETERS ONLY.**

IP may be contacted for any clarification as needed, and/or if there are concerns for potential exposures to other patients. If there is concern for potential COVID exposure from a HCW to a patient or are environmental concerns, the department manager will notify IP.

Exposed employee(s) can call 408-283-7444 to arrange for post exposure testing at or after day 7 (last date exposed).

