

Managers/Supervisors Contact Tracing Form

[R9 January 11, 2022]

Date of Report: _____

Name of Worker: _____

Worker's Department/Position: _____

Worker has the following condition/issue

- Date _____ has confirmed symptoms related to COVID-19
(multiple symptoms including fever, cough, and shortness of breath)
- Date _____ has tested positive for COVID-19
- Date _____ has had close contact with someone who tested positive for COVID-19
- Date _____ has had close contact with someone who has confirmed symptoms of COVID-19
- **NOTE:** When sending emails to (Mary Wright and Danee Pisarchuk) CONFIDENTIAL should be in the subject line of the drafted email.

INTERVIEW worker to obtain the following information related to the 48 hours prior to reporting confirmed symptoms:

Screening

ASK if the employee is experiencing any of the symptoms of the virus:

- TEMPERATURE: 100.4°F or higher (fever)
- TEMPERATURE: 99.2 or higher at Temperature Screening Station
- COUGH: persistent, indicative of respiratory aggravation. Can be either dry or wet.
Note: Occasional cough, or one associated with allergies (usually combined with sneezing and watery eyes), are not a positive screening criteria
- SHORTNESS OF BREATH: feeling "winded," struggling to draw a full breath, tightening in the chest, air hunger, breathlessness
- LOSS OF TASTE OR SMELL: symptom that cannot be attributed to other health issues (allergies, cold)

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IF YES to ANY, direct them to **stay home (or go home)** contact their health care professional

48 hour time frame:

Dates/times last on site:

-
-

Job assignments:

-
-
-

Work groups they came into close contact with:

-
-

Workers they were in close contact with:

-
-

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Where they ate their meals

-
-

Bathrooms they used

-
-

Elevators/Stairwells they used

-
-

Computer work stations they used

-
-

Tools and equipment they used

-
-

Work locations

-
-

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NOTIFY workers that were in CLOSE CONTACT with the worker who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Date and time of notifications: _____

- **EMAIL** completed form to (Mary Wright and Danee Pisarchuk) to meet state record requirements NOTE: When sending emails CONFIDENTIAL should be in the subject line of the drafted email.

IMPORTANT INFORMATION

- Employee's manager or supervisor must contact Occupational Health with an employee health status update prior to employee's estimated return to work date. This ensures that the employee meets the return-to-work criteria and the hold can be removed from their badge prior to returning to work if the badge was placed on hold.
- If the employee is a member of the Operations department or is a Fire Brigade member from any department, employees must contact OCC Health for their post-COVID return to work validation. This must be completed prior to returning to work.
- Ask the employee if they are currently on active ERO duty. If yes, then work with the employee to immediately find a replacement for the employee's ERO role. If you need assistance, contact Jennifer Kuklinski at 4133.