Workplace What employers can do. _

COVID-19 Guidance

4	ke steps to help prevent COVID-19 transmission.
	Follow current workplace guidance from the CDC. ¹
	Educate employees about COVID-19 prevention ² using information from the CDC.
	Encourage employees with COVID-19 symptoms ³ to stay home.
	Ensure employees report their positive COVID-19 test results to human resources or occupational health as soon as possible.
	t! if an employee tests positive for COVID-19.
	Send COVID-19 positive employee home <u>immediately</u> .
	Clean and disinfect the areas where the COVID-19 positive employee worked using CDC standards for disinfection, ⁴ focusing on commonly touched surfaces such as keyboards and door handles.
	Gather COVID-19 positive employee's information to help determine contagious dates, close contacts and date the ill employee can return to work. Explained in this document.
	Determine COVID-19 positive employee's contagious dates. Explained in this document.
	Communicate when the COVID-19 positive employee can return to work. Explained in this document.
	Notify and discuss quarantine with all close work contacts of COVID-19 positive employee. Explained in this document.
	Communicate when close contacts of COVID-19 positive employee can return to work. Explained in this document.
	Call the Health Department if 15% or more of the workforce has tested positive for COVID-19.
	Consider closure of your business for a brief period of time for enhanced cleaning and accommodating staff quarantine, if necessary. Continued on back
	GOILLIIUEU ON DACK

COVID-19 is an immediately reportable illness by law.

If 15% or more of your workforce has tested positive for COVID-19, you could have substantial spread of COVID-19 in your business and may need additional guidance from the Health Department.

Call 770-339-4260 to speak with the epidemiologist on call.

Please note: If you operate a congregate setting such as a daycare, long-term care facility, shelter, day program, rehabilitation facility, jail, etc., the Health Department should be called immediately upon any suspected COVID-19 illness. Do not wait for test confirmation. A single case of COVID-19 in these settings is considered a possible outbreak and must be reported immediately to prevent spread.



For more information visit www.gnrhealth.com/covid-19-info

What information should I gather from a **COVID-19 positive employee?**

- 1. Full name
- 2. Date of birth
- 3. Phone number
- 4. Date last worked
- 5. Date of COVID-19 test
- 6. Type of test and testing location
- 7. Date symptoms started
- 8. Personal protective equipment used (mask, gloves, face shield, etc.)
- 9. Names and contact information for any employees, volunteers, visitors or patients who may have had close contact with the ill employee, masked or unmasked, for 15 minutes or more cumulatively.

A printable copy of the COVID-19 Positive Employee Report form is available in this document.

COVID-	19 Positive Employee Report		
EMPLOYEE INFORMATION			
First	M.I Last		
Date of birth			
Phone number			
Date last worked			
Date of COVID-19 test None taken			
Type of test (i.e. rapid, PCR, antibody)			
Testing location			
Date symptoms started	Not experiencing symptoms at this time		
Personal protective equipment used			
☐ None ☐ Cloth face covering ☐	Medical-grade surgical mask		
☐ Face shield ☐ Goggles ☐ Tuni	ic Other		
CLOSE CONTACTS Employees, volunteers, visitors or patients who we 1 Name	re less than 6 feet apart and for 15 minutes or more, masked or unmasked. Phone		
Has this individual had COVID-19 within the pa If yes, date of last symptoms or, if no symptom	st three months? No Yes s were present, date of positive COVID-19 test		
Has this individual had COVID-19 within the pa If yes, date of last symptoms or, if no symptom 2 Name	sst three months? No Yes ss were present, date of positive COVID-19 test Phone		
Has this individual had COVID-19 within the pair fyes, date of last symptoms or, if no symptom 2 Name Has this individual had COVID-19 within the pair tyes, date of last symptoms or, if no symptom 3 Name Has this individual had COVID-19 within the paths th	ust three months? No		
Has this individual had COVID-19 within the pair flyes, date of last symptoms or, if no symptom 2 Name Has this individual had COVID-19 within the pair flyes, date of last symptoms or, if no symptom 3 Name Has this individual had COVID-19 within the pair flyes, date of last symptoms or, if no symptom 4 Name Has this individual had COVID-19 within the pair flyes, date of last symptoms or, if no symptom 4 Name Has this individual had COVID-19 within the pair flyes individ	ust three months? \(\) \(\) \(\) \(\) \(\) \\ \ \ \		
Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 2 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 3 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 4 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 5 Name Has this individual had COVID-19 within the pa 5 Name Has this individual had COVID-19 within the pa	ust three months? \ \omega \ \omeg		
Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 2 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 3 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 4 Name Has this individual had COVID-19 within the pa if yee, date of last symptoms or, if no symptom 5 Name Has this individual had COVID-19 within the pa 5 Name Has this individual had COVID-19 within the pa	ust three months? \ \omega \ \omega \ \end{align*} \ \text{vs} \		

How do I determine when a COVID-19 positive employee can come back to work?

A COVID-19 positive employee must meet certain criteria to be considered "not contagious" before they can return to work.

• COVID-19 positive employee did not experience symptoms:

10 days have passed since employee's first positive test

• COVID-19 positive employee experienced symptoms:

If a COVID-19 positive employee experienced symptoms, all of the following criteria must be met before the employee is permitted to return to work:

	10 davs	have passed	l since emp	olovee's s	ymptoms started
--	---------	-------------	-------------	------------	-----------------

the employee reports no fever for 24 hours without the use of fever-reducing medications and

the employee's symptoms have improved



Page 2 of 4

For more information visit www.gnrhealth.com/covid-19-info

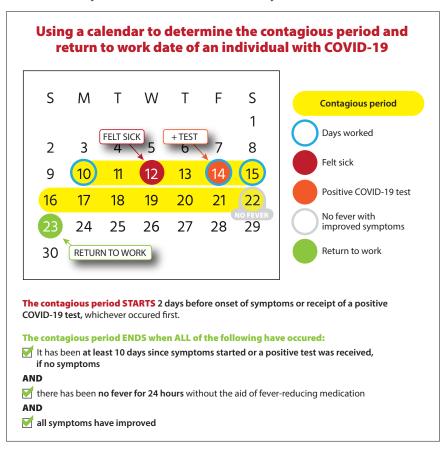
GWINNETT, NEWTON AND ROCKDALE COUNTY HEALTH DEPARTMENTS

Workplace What employers can do.,

COVID-19
Guidance

How do I determine COVID-19 positive employee's contagious window?

Use the date of onset of symptoms OR the date of the positive employee's test to determine their contagious window. To determine when a COVID-19 positive employee was contagious, mark the date the employee's symptoms started (or the date of their first positive test, if they had no symptoms) then count two days before and at least 10 days afterward.



Why do I need to identify close contacts of COVID-19 positive employees?

COVID-19 is highly contagious. Close contacts have a high likelihood of exposure to the virus that causes COVID-19 and those individuals must quarantine for 14 days* from their last interaction with the COVID-19 positive employee during the COVID-19 positive employee's contagious period to avoid spreading COVID-19 in our community.

CDC has several <u>easy to understand examples of how to determine a 14 day quarantine period</u>⁵ and what to do during a quarantine.

*Close contacts who have had a COVID-19 infection within three months of any new exposure do not need to quarantine. Close contacts who were sick with COVID-19 more than three months ago should follow quarantine recommendations for contacts.

Page 3 of 4



For more information visit www.gnrhealth.com/covid-19-info

Close contacts who were wearing ALL necessary PPE while interacting with a COVID-19 positive employee are not considered exposed and do not need to quarantine. All PPE includes a surgical gown, N95 or higher respirator or surgical face mask, face shield or goggles, and gloves.

<u>If your workforce is essential</u>⁶ as defined by the Department of Homeland Security, there are <u>special</u> considerations within CDC guidance for staffing shortages.⁷

Who is considered a close contact of an employee?

All employees, volunteers, visitors, or patients, <u>masked or unmasked</u>, who came within 6 feet of a COVID-19 positive employee for 15 minutes or more during the contagious period are considered close contacts.

When should the close contact** of an employee be tested for COVID-19?

- Close contact of a COVID-19 positive employee not experiencing symptoms:
 - **The Georgia Department of Public Health recommends one COVID-19 test on day 10 of quarantine.**The incubation period for the virus that causes COVID-19 is up to 14 days. Testing is recommended on day 10 of quarantine because it can take up to 10 days after an exposure for the virus to produce a positive test result in individuals who are not experiencing symptoms.
- Close contact of a COVID-19 positive employee <u>experiencing symptoms:</u> Individuals should consult their physician and schedule a test.
- **Close contacts who have had a COVID-19 infection within three months of any new exposure do not need to be retested for COVID-19.

Employees may be tested through your own occupational health program, through their private physician, or by making an appointment at www.gnrhealth.com/covid-19-info/.

Even if a close contact's test results are negative for COVID-19, they still should complete the 14-day quarantine to help prevent the spread of COVID-19 in our community.

Additional resources:

- ¹ **Workplace Guidance** <u>www.cdc.gov/coronavirus/2019-ncov/community/index.html</u>
- ²**COVID-19 Prevention** www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html
- ³ COVID-19 Symptoms <u>www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</u>
- ⁴ Standards for Disinfection www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/
- ⁵ Quarantine Information www.cdc.gov/coronavirus/2019-ncov/if-vou-are-sick/guarantine.html
- ⁶ Essential Critical Infrastructure Workforce Guidance www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce
- ⁷ **Strategies to Mitigate Healthcare Personnel Staffing Shortages** www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Centers for Disease Control www.cdc.gov

Georgia Department of Public Health dph.qa.qov

Gwinnett, Newton and Rockdale County Health Departments www.gnrhealth.com

Facebook @GNRHD Twitter @GNRHealth



Page 4 of 4

For more information visit www.gnrhealth.com/covid-19-info

COVID-19 Positive Employee Report

EMPLOYEE INFORMATION First ______M.I. _____Last Date of birth Phone number Date last worked _____ Date of COVID-19 test _____ None taken Type of test (i.e. rapid, PCR, antibody) Testing location_____ **Date symptoms started** _____ Not experiencing symptoms at this time Personal protective equipment used None ☐ Cloth face covering ☐ Medical-grade surgical mask ☐ N-95 mask ☐ Gloves Face shield Goggles Tunic Other _____ **CLOSE CONTACTS** Employees, volunteers, visitors or patients who were less than 6 feet apart and for 15 minutes or more, masked or unmasked. __ Phone _____ Has this individual had COVID-19 within the past three months? ☐ No ☐ Yes If yes, date of last symptoms or, if no symptoms were present, date of positive COVID-19 test_____ ___ Phone _____ Has this individual had COVID-19 within the past three months? ☐ No ☐ Yes If yes, date of last symptoms or, if no symptoms were present, date of positive COVID-19 test____ Phone Has this individual had COVID-19 within the past three months? ☐ No ☐ Yes If yes, date of last symptoms or, if no symptoms were present, date of positive COVID-19 test______ _____ Phone _____ 4 | Name __ If yes, date of last symptoms or, if no symptoms were present, date of positive COVID-19 test _____ Phone _____ 5 | Name Has this individual had COVID-19 within the past three months? ☐ No ☐ Yes If yes, date of last symptoms or, if no symptoms were present, date of positive COVID-19 test______ Z COUNTY HEALTH O DEPARTMENTS Report date _____ Taken by ______