

# Workplace

## What employers can do.

# COVID-19

## Guidance

### Take steps to help prevent COVID-19 transmission.



- Follow [current workplace guidance from the CDC](#).<sup>1</sup>
- Educate employees about [COVID-19 prevention](#)<sup>2</sup> using information from the CDC.
- Encourage employees with [COVID-19 symptoms](#)<sup>3</sup> to stay home.
- Ensure employees report their positive COVID-19 test results to human resources or occupational health as soon as possible.

### Act! if an employee tests positive for COVID-19.



- Send COVID-19 positive employee home **immediately**.
- Clean and disinfect the areas where the COVID-19 positive employee worked using [CDC standards for disinfection](#),<sup>4</sup> 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.*
- Inform the Health Department that someone in your 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.

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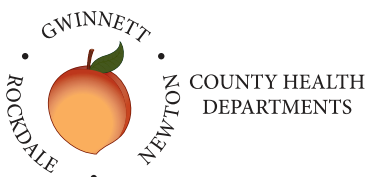
### COVID-19 IS AN IMMEDIATELY REPORTABLE ILLNESS BY LAW.

### Report all COVID-19 positive employees to the Health Department.

If 10% or more of your workforce has tested positive for COVID-19, you could have ongoing spread of COVID-19 in your business and will 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](http://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.

*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  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.

1 | Name \_\_\_\_\_ 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 \_\_\_\_\_

2 | Name \_\_\_\_\_ 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 \_\_\_\_\_


3 | Name \_\_\_\_\_ 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 \_\_\_\_\_

4 | Name \_\_\_\_\_ 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 \_\_\_\_\_

5 | Name \_\_\_\_\_ 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 \_\_\_\_\_

Report date \_\_\_\_\_

Taken by \_\_\_\_\_



Form courtesy of Gwinnett, Newton and Rockdale County Health Departments | www.gnrhealth.com | Created July 16, 2020 2:00 PM EST

**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:*

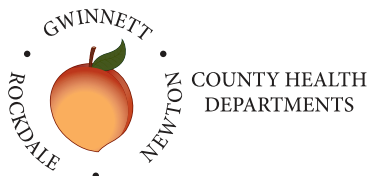
10 days have passed since employee’s symptoms started

**and**

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

**and**

the employee’s symptoms have improved



# Workplace

## What employers can do.

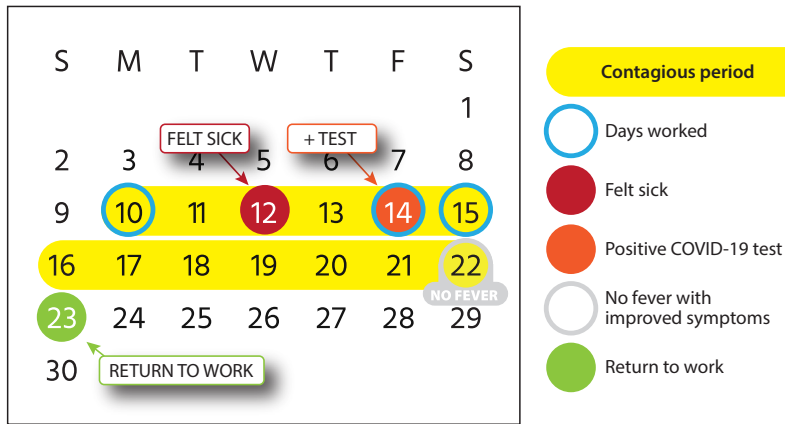
# COVID-19

## 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.

#### Using a calendar to determine the contagious period and return to work date of an individual with COVID-19



**The contagious period STARTS** 2 days before onset of symptoms or receipt of a positive COVID-19 test, whichever occurred first.

**The contagious period ENDS when ALL of the following have occurred:**

- It has been at least 10 days since symptoms started or a positive test was received, if no symptoms
- AND**
- there has been no fever for 24 hours without the aid of fever-reducing medication
- AND**
- all symptoms have improved

### 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 [easy to understand examples of how to determine a 14 day quarantine period](#)<sup>5</sup> 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.



**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.

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

### **Who is considered a close contact of an employee?**

All employees, volunteers, visitors, or patients, masked or unmasked, 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 experiencing symptoms:**

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/](http://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:**

<sup>1</sup> **Workplace Guidance** [www.cdc.gov/coronavirus/2019-ncov/community/index.html](http://www.cdc.gov/coronavirus/2019-ncov/community/index.html)

<sup>2</sup> **COVID-19 Prevention** [www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html](http://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)

<sup>3</sup> **COVID-19 Symptoms** [www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](http://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

<sup>4</sup> **Standards for Disinfection** [www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/](http://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/)

<sup>5</sup> **Quarantine Information** [www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)

<sup>6</sup> **Essential Critical Infrastructure Workforce Guidance**

[www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce](http://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce)

<sup>7</sup> **Strategies to Mitigate Healthcare Personnel Staffing Shortages**

[www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)

**Centers for Disease Control** [www.cdc.gov](http://www.cdc.gov)

**Georgia Department of Public Health** [dph.ga.gov](http://dph.ga.gov)

**Gwinnett, Newton and Rockdale County Health Departments** [www.gnrhealth.com](http://www.gnrhealth.com)

Facebook [@GNRHD](https://www.facebook.com/GNRHD) Twitter [@GNRHealth](https://twitter.com/GNRHealth)

# 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.*

1 | Name \_\_\_\_\_ 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 \_\_\_\_\_

2 | Name \_\_\_\_\_ 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 \_\_\_\_\_

3 | Name \_\_\_\_\_ 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 \_\_\_\_\_

4 | Name \_\_\_\_\_ 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 \_\_\_\_\_

5 | Name \_\_\_\_\_ 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 \_\_\_\_\_

Report date \_\_\_\_\_

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