

Workplace

What employers can do.

COVID-19

Guidance

Take 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.

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](#),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.*
- Encourage close contacts of COVID-19 positive employee to enroll in [Department of Public Health \(DPH\) symptom monitoring system](#)⁵.
- 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.

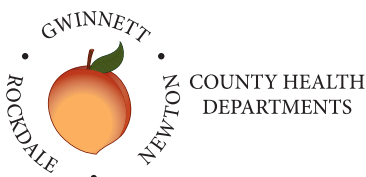
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COVID-19 IS AN IMMEDIATELY REPORTABLE ILLNESS BY LAW.

Report all COVID-19 positive employees to the Health Department by filling out the [reporting form](https://forms.gle/xYzmZaiMzYazCqPBA) at forms.gle/xYzmZaiMzYazCqPBA.

If you'd like to discuss an urgent matter, 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. Job title
4. Phone number
5. Date last worked
6. Date of COVID-19 test
7. Type of test and testing location
8. Date symptoms started
9. Personal protective equipment used (mask, gloves, face shield, etc.)
10. 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 total minutes or more.

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

COVID-19 Positive Employee Report

Facility Name _____ Report Date _____

EMPLOYEE INFORMATION

First _____ M.I. _____ Last _____

Date of birth _____ Job Title _____

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 total 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 _____

Taken by _____

Phone number _____



Form courtesy of Gwinnett, Newton and Rockdale County Health Departments | www.gnrhealth.com | Revised 12/04/2020 9:30 AM 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

How do I determine COVID-19 positive employee’s contagious period?

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.



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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 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.**

Refer to CDC guidance on [what to do during a quarantine](#)⁶.

***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.

****Although a 14 day quarantine is recommended for close contacts, CDC also provides [options to reduce quarantine](#)**⁷.

Close contacts may:

Quarantine for 7 days following their date of last exposure if

they test negative (molecular or antigen) for COVID-19 on or after day 5 of quarantine AND have not experienced symptoms of COVID-19 during their quarantine period.

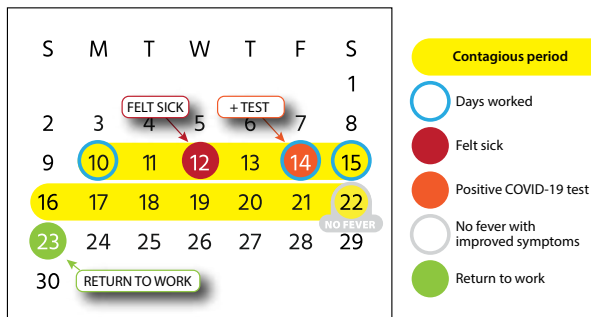
OR

Quarantine for 10 days following their date of last exposure if

they have not had a COVID-19 test since their date of last exposure to the COVID-19 positive individual AND have not experienced symptoms of COVID-19 during their ten day quarantine period.

In both cases, an individual who is practicing a reduced quarantine should wear a mask, maintain six feet from others, stay home as often as possible and limit contact with others through the end of day 14 of their last exposure to the COVID-19 positive individual.

COVID-19 Positive Employee Contagious Period and Return to Work Date



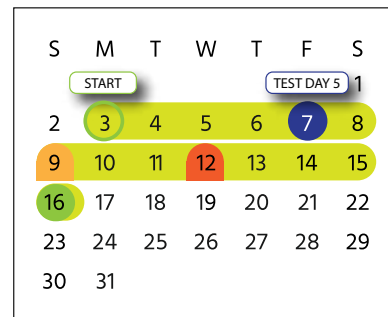
The contagious period STARTS 2 days before onset of symptoms or receipt of a positive COVID-19 test, whichever occurred first.

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

Close Contact Quarantine Period

14 Day - 10 Day - 7 Day



CDC Recommended 14 Day Quarantine

- Quarantine Start date
- Test On or After Day 5 of Quarantine
- Last Day of 14 Day Quarantine CDC Recommended

- Last Day of Quarantine IF No symptoms and Negative Test On or After Day 5 7 Day Quarantine
- Last Day of Quarantine IF No symptoms and no test was taken 10 Day Quarantine

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](#)⁸ as defined by the Department of Homeland Security, there are [special considerations within CDC guidance for staffing shortages](#).⁹

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 total minutes or more during the positive employee's contagious period.

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

Close contacts of a confirmed COVID-19 positive individual should wait until on or after day five of quarantine to get tested for COVID-19, unless they begin to experience symptoms.

- **Close contact of a COVID-19 positive employee not experiencing symptoms:**

The Georgia Department of Public Health recommends one COVID-19 test on or after day five of quarantine. The risk of a close contact not experiencing symptoms transmitting COVID-19 to others decreases significantly after their fifth day of quarantine.

- **Close contact of a COVID-19 positive employee experiencing symptoms:**

Individuals should consult their physician and schedule a test as soon as possible.

****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, quarantine should not be discontinued sooner than seven days after the last exposure to the COVID-19 positive person.

Additional resources:

¹ **Workplace Guidance** www.cdc.gov/coronavirus/2019-ncov/community/index.html

² **COVID-19 Prevention** www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

³ **COVID-19 Symptoms** www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

⁴ **Department of Public Health (DPH) symptom monitoring system** intake-app-dot-gdph-erm-274415.appspot.com/

⁵ **Standards for Disinfection** www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/

⁶ **Quarantine Information** www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

⁷ **Options to Reduce Quarantine** www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html

⁸ **Essential Critical Infrastructure Workforce Guidance**

www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce

⁹ **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.ga.gov

Gwinnett, Newton and Rockdale County Health Departments www.gnrhealth.com Facebook [@GNRHD](#) Twitter [@GNRHealth](#)

Business COVID-19 Case Reporting Form forms.gle/xYzmZaiMzYazCqPBA



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Facility Name _____ Report Date _____

EMPLOYEE INFORMATION

First _____ M.I. _____ Last _____

Date of birth _____ Job Title _____

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

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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 _____

Taken by _____

Phone number _____

