

# 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 follow CDC workplace isolation guidance.
- Encourage employees who are identified as a close contact of a COVID-19 positive person to follow CDC workplace quarantine guidance.
- Ensure employees report their positive COVID-19 test results to human resources or occupational health as soon as possible.

### 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 at forms.gle/xYzmZaiMzYazCqPBA](https://forms.gle/xYzmZaiMzYazCqPBA).

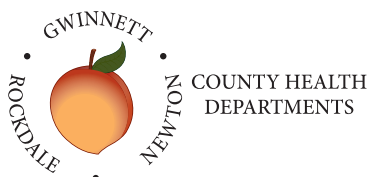
If you'd like to discuss an urgent matter, call 770-339-4260 to speak with the epidemiologist on call.

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.

### 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.*
- Encourage close contacts of COVID-19 positive employee to enroll in [Department of Public Health \(DPH\) symptom monitoring system](#).<sup>5</sup>
- 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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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. Job title
4. Phone number
5. Date last worked
6. Date of COVID-19 test
7. Type of test and testing location
8. Employee vaccination status
9. Date symptoms started
10. Personal protective equipment used (mask, gloves, face shield, etc.)
11. 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.

## 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 at least 24 hours without the use of fever-reducing medications and**
- the employee’s symptoms have improved**

NOTE: Symptom improvement does not require full recovery. Some symptoms, like coughing, may linger after the infection has passed.

## 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.

## 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](#)<sup>6</sup>.

**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** *If needed, enter additional contacts on page two. 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: If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes. If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms: If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes. If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms: If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes. If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes


If yes, date of last symptoms: If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes. If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Phone number \_\_\_\_\_



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



For more information visit [www.gnrhealth.com/covid-19-info](http://www.gnrhealth.com/covid-19-info)

# Workplace

## What employers can do.

# COVID-19

## Guidance

\*Close contacts who have not experienced symptoms of illness **AND** who have had a COVID-19 infection within three months of any new exposure **OR** who have been fully vaccinated 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](#)<sup>7</sup>.**

### Fully vaccinated close contacts:

Fully vaccinated people should get tested 5-7 days after their exposure, even if they do not have symptoms, and wear a mask indoors in public for 14 days following exposure or until they receive a negative COVID-19 test result at least 5-7 days after exposure.

### Unvaccinated close contacts have two options to reduce the 14 day CDC recommended quarantine:

#### 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.

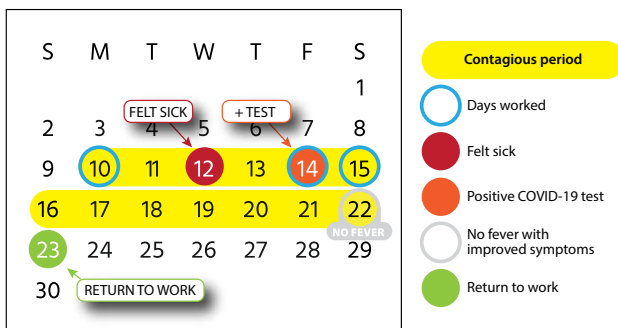
**OR**

#### 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 unvaccinated 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**



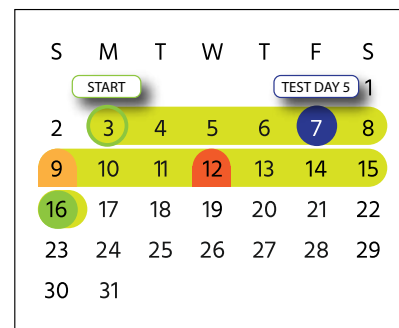
The contagious period **STARTS** 2 days before onset of symptoms or receipt of a positive COVID-19 test, whichever occurred first.

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

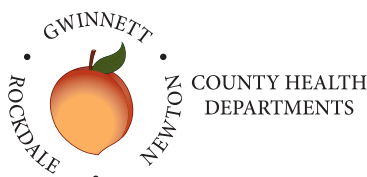
**UNVACCINATED INDIVIDUALS  
Close Contact Quarantine Period**

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 are healthcare workers and 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>8</sup> as defined by the Department of Homeland Security, there are [special considerations within CDC guidance for staffing shortages](#).<sup>9</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 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?

#### UNVACCINATED INDIVIDUALS:

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

- **Unvaccinated 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.
- **Unvaccinated close contact of a COVID-19 positive employee experiencing symptoms:**  
Individuals should consult their physician and schedule a test as soon as possible.

**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.**

**\*\*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.**

#### VACCINATED INDIVIDUALS:

- **Vaccinated close contact of a COVID-19 positive employee not experiencing symptoms:**  
Vaccinated individuals should get tested 5-7 days after exposure.
- **Vaccinated close contact of a COVID-19 positive employee experiencing symptoms:**  
Individuals should consult their physician and schedule a test as soon as possible.

Read [CDC guidance for fully vaccinated people](#)<sup>10</sup> and [post-vaccination considerations for workplaces](#).<sup>11</sup>

**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/).**

#### 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> **Department of Public Health (DPH) symptom monitoring system** [intake-app-dot-gdph-erm-274415.appspot.com/](http://intake-app-dot-gdph-erm-274415.appspot.com/)
  - <sup>5</sup> **Standards for Disinfection** [www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/](http://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/)
  - <sup>6</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>7</sup> **Options to Reduce Quarantine** [www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html](http://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html)
  - <sup>8</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>9</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)
  - <sup>10</sup> **Guidance for Fully Vaccinated People** [www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html)
  - <sup>11</sup> **Post-vaccination Considerations for Workplaces**  
[www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html](http://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.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](#) Twitter [@GNRHealth](#)  
Business COVID-19 Case Reporting Form [forms.gle/xYzmZaiMzYazCqPBA](https://forms.gle/xYzmZaiMzYazCqPBA)



# 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 \_\_\_\_\_

### VACCINATION STATUS

Is employee vaccinated?  Yes  No

Vaccine received:

Pfizer  Moderna  J&J

Date of First dose \_\_\_\_\_

Date of Second dose \_\_\_\_\_

Second dose not received.

## CLOSE CONTACTS *If needed, enter additional contacts on page two.*

*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. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

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

Phone number \_\_\_\_\_



## COVID-19 Positive Employee Report | Page 2

### EMPLOYEE INFORMATION

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Job Title \_\_\_\_\_

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### CLOSE CONTACTS *Continued from other side.*

*Employees, volunteers, visitors or patients who were less than 6 feet apart and for 15 total minutes or more, masked or unmasked.*

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

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

6 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

7 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

8 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

9 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

10 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

11 | 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 \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.

12 | Name \_\_\_\_\_ Phone \_\_\_\_\_

Has this individual had COVID-19 within the past three months?  No  Yes

If yes, date of last symptoms. If no symptoms were present, date of positive COVID-19 test \_\_\_\_\_

Is this individual vaccinated?  No  Yes If yes, vaccine received:  Pfizer  Moderna  J&J

If yes, Date of first dose \_\_\_\_\_ Date of second dose, if applicable \_\_\_\_\_  Second dose not received.