

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential unless disclosure is required or permitted by law. Un-redacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request and when required by law.

Date:

Name of person conducting the investigation: [enter name(s)]

<p>Name of COVID-19 case (Employee or non-employee*) name and contact information:</p>		<p>Occupation (if non-employee, why they were in the workplace): *if we are made aware of a non-employee COVID-19 case in our workplace</p>	
<p>Names of employees/representatives involved in the investigation</p>		<p>Date investigation was initiated</p>	
<p>Locations where the COVID-19 case was present in the workplace during the high-risk exposure period, and activities being performed:</p>		<p>Date and time the COVID-19 case was present in the workplace during the high-risk exposure period and activities being performed.</p>	
<p>Was COVID-19 test offered?</p>		<p>:</p>	
<p>Date and time the COVID-19 case was last present and excluded from the workplace:</p>		<p>Date of the positive or negative test and/or diagnosis:</p>	
<p>Date the case first had one or more COVID-19 symptoms:</p>		<p>Information received regarding COVID-19 test results and onset of symptoms (attach documentation):</p>	

Summary determination of who may have had a close contact with the COVID-19 case during the high- risk exposure period. Attach additional information, including:

- The names of those found to be in close contact.
- Their vaccination status.
- When testing was offered, including the results and the names of those that were exempt from testing because.
 - They were fully vaccinated before the close contact and do not have symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.
- The names of those that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements.
- The names of those exempt from exclusion requirements because:
 - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test

SUMMARY :

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to: (add lines as needed)

NAME OF EMPLOYEE NOTIFIED	NAME OF AUTHORIZED REPRESENTATIVE	DATE

Independent contractors and other employers present at the workplace during the high-exposure period.

Name of individuals notified	Business name	Date

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

