Suspected/Confirmed COVID-19 Outbreak in Workplace INTAKE SUMMARY

Facility Information Name of Facility: POC/DICO Name: Type of Facility: Phone: NAICS: Affected Buildings/shifts/work zones/ # employees in each affected area: Complete Site Address: Complete Site Address: Current # Employees # Positive Cases # Exposed # Tested Staff: 26 Other: 26 Other: 26 Other: 707AL: 26 Cunty Template Used? Y/N If no, send copy Contact Tracing Completed? Y/N Contacts reported? Y/N County Template Used? Y/N If no, send copy Contacts reported? Y/N	Date Deployed to SSOIT-W	/P Staff Taking	g Report	CalC	CalCONNECT EE#		
Name of Facility: Type of Facility: NAICS: Affected Buildings/shifts/work zones/# employees in each affected area: Complete Site Address: Attack-Rate (affected units only) Current # Employees # Positive Cases # Exposed # Tested Staff: 26 Other: TOTAL: Clinical Information Isolation/Quarantine Letters sent? Y/N County Template Used? Y/N If no, send copy Contact Tracing Completed? Y/N							
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	Isolation/Quarantine Lette						
	County Template Used? Y,						

General Notification (potentially exposed) Letter sent? Y/N		All cases input into Veoci or SPOT?				
		# Deaths: 0 Hospitalizations: # ICU: # ER Visits:	Date of 1 st Onset: Date of Latest Onset			
COVID-19 Testing Done?	# COVID-19 (+) Tests	# COVID-19 (-) Tests	# COVID-19 Pending Test			
Clinical Detail of COVID-19 Positive, Probable or Suspected Cases (Not yet entered via, veoci /SPOT Ex) Name, DOB, Date of Sx onset, Date of Test, Date of Isolation/Last Day at Facility, Misc						
	Initial Outbrea	k Management				
Deep Cleaning of all Affected Areas complete? Y/N What did this entail?						
Confirm Infection Control Measures in Place:						
Enhanced infection Control Measures:						
Initial Recommendations I	Made to Facility:					
Initial Documents to Send:						
Initial Documents Request	ed:					

Sample Intake Interview Outline

- 1. Introductions/Purpose of Interview
- 2. Confirm Point of Contact (POC), verify who reports cases to us
- 3. Hear from the POC on the general situation
- 4. Description of workplace/layout/jobs of areas affected
- 5. What are they currently doing for COVID prevention
- Signs, barriers, etc
- mask & Social Distancing
- protocols for breakroom, lunch, conference rooms, training areas, etc.
- Pre-entrance health screening
- Cleaning and disinfecting

- 6. Contact Tracing: Is it done? Go over how to do it if not.
- 7. Testing strategy?
- 8. How employees are notified re: exposure & quarantine info
- 9. Drill down on shifts, job specificity, teams that are affected or those not able to socially distance
- 10. Discuss next steps including how to report cases and close contacts on Line List