Summary of Changes (01/2021)

- The audience for this guidance has been clarified and links provided to separate guidance for health care and educational settings (page 1).
- Quarantine guidance has been updated to include new shortened quarantine period options released by CDC and endorsed by DHS. A shortened quarantine of 7 or 10 days is permissible if certain criteria are met. A 14-day quarantine remains the recommended option and use of abbreviated quarantine is at the discretion of local and tribal health departments (page 9).
- Serial testing is no longer a recommended strategy for non-health care settings (page 12).
- Information on the use and reliability of antigen tests has been included along with links to relevant testing guidance from CDC (page 10)
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Introduction

This document assists employers when a worker tests positive for COVID-19. It describes how to work with local and tribal health departments (LTHDs) to help keep workers and customers healthy and keep businesses running smoothly during the pandemic. Please note that this guidance document is meant for non-health care and non-educational settings. Wisconsin DHS has separate guidance for health care and educational settings.

When a worker tests positive for COVID-19, there are important questions you will need to address:

1. How do we keep workers and customers safe while ensuring continued business operation?
2. What are the first action items when a worker tests positive for COVID-19?
3. What can you expect when working with the LTHD during an investigation?
4. How should COVID-19 testing be utilized in the workplace?
5. When can a worker return?

The guidance in this document answers these questions and includes resources to keep you informed and prepare you for working with the LTHD. This guidance also offers resources from the Wisconsin Economic Development Corporation (WEDC) and the Wisconsin State Laboratory of Hygiene (WisCon) to maximize safety in the workplace. Although working with the LTHD is required in state statutes, this document focuses on best practices and a collaborative approach with public health that is needed to stop the spread of COVID-19.
## Workplace Outbreak Checklist

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How to keep my business running and workers and customers safe

Make a COVID-19 plan for your business

- Make a COVID-19 plan for the workplace, with safety as the top priority. One way to make a plan is to start with the Wisconsin Economic Development Corporation (WEDC) and Department of Health Services (DHS) reopening guidance, which provides business sector-specific guidance. From there, complete the checklist in Appendix A to describe your workplace. The Wisconsin State Laboratory of Hygiene's WisCon program has a helpful template and can answer questions about making the plan. Include daily screening of workers, regular cleaning and disinfection of workspaces, personal protective equipment (PPE) and physical distancing.

- Draft the plan before you need it. If a worker tests positive for COVID-19, a plan is essential to moving your business forward and enabling proactive, rather than reactive, responses.

- Learn how the plan's basic steps work: contact tracing (see “What is contact tracing?,” page 8), isolation and quarantine (see “When can workers return?,” page 13).

- Consider reviewing and revising paid leave, paid time off (PTO) and other policies, as needed:
  - Direct workers to stay home when they're ill or have been exposed.
  - If the worker has exhausted paid sick time and PTO is not an option, offer unpaid time off. Note: You may be required to pay some paid sick leave under the Families First Coronavirus Response Act.

- Consider suspending no-fault attendance policies. Let workers know that they won't be terminated if they have to isolate or quarantine for themselves or a family member.
Is the workplace safe?

Workplace risk assessment

- A risk assessment is key to stopping COVID-19 in workplaces. “How well is a workplace prepared to keep workers and visitors safe from COVID-19?” is the most critical question to consider. This question can be most effectively answered by coordinating a full workplace walkthrough and evaluation by experienced public health professionals. Some crucial information can be collected by telephone or in writing as well. After a risk assessment, you will understand what needs to be done in the workplace to stop COVID-19.

- Free professional help is available. WisCon is a free, professional consulting service that offers risk assessment services to businesses during COVID-19. Note: WisCon’s COVID-19 services are not connected to a regulatory inspection or reported to the Occupational Safety and Health Administration (OSHA). WisCon can be contacted at 608-226-5246 or by email at covidconsulting@slh.wisc.edu, or you can request assistance on the WisCon website. Sharing the final report with the LTHD is strongly recommended. If you choose to share the final report with the LTHD, the information will be used solely for the purpose of a COVID-19 public health investigation.

Worker training

Workers can and should be trained on best practices to keep themselves, their families and those around them safe and healthy. When selecting or organizing a training program, it is important to consider all literacy capabilities, education levels and native languages in the respective workforce. These trainings can come in the form of webinars, prerecorded videos or in-person training. Providing a safe space, the necessary resources (for instance, internet access) and paid time for the training will be essential elements for full worker participation and engagement. Handing out a pamphlet or sheet of paper with guidance is unlikely to be seen as sufficient in case of an OSHA investigation.

Aside from health and safety guidance, training should also reflect changes to policies and procedures, such as paid sick leave, job protection and shift changes. After initial training is completed, routine refresher trainings should be implemented.

DHS and OSHA guidance on how to protect your workplace and what information to include in trainings can be found on WEDC and OSHA webpages.
Worker screening

Screening workers for COVID-19 symptoms when entering the workplace is recommended, particularly in facilities with many workers who are in close contact. Screening will not be completely effective, because some workers who are infected may have no symptoms, or may have mild symptoms and pass through screening anyway. Screening and health checks are not a replacement for other protective measures, such as practicing physical distancing and wearing cloth face coverings.

A simple screening tool is provided in Appendix B. Whether or not you screen workers entering the workplace, workers should be asked to self-screen before work and required to stay home if any of these are happening:

- They are experiencing symptoms of COVID-19, such as a fever equal to or higher than 100.4°F.
- They are waiting for the results of a COVID-19 test (this does not include precautionary testing—for example, before surgery or visiting family).
- They have been diagnosed with COVID-19 and have not completed their isolation.
- They have been directed by the LTHD or health care providers to stay home (quarantine) because they had close contact with someone with COVID-19.

SORE THROAT  FEVER  SHORTNESS OF BREATH  COUGH  HEADACHE
First steps when a worker tests positive for COVID-19

Businesses don’t need to automatically shut down when a worker tests positive for COVID-19. The LTHD will work with you to stop the spread of COVID-19 as quickly as possible and return workers safely. Here are steps to take as soon as possible:

1. **Close off areas** used by the person who has COVID-19. If the person with COVID-19 is at work, they should be moved to a location away from others, provided with a face mask or cloth face covering if they do not have one, and sent home. They will need to know about your policies including leave, job protection, and health care options.

2. **Clean and disinfect** the worker’s workspace, but wait 24 hours before cleaning. If 24 hours is not possible, wait as long as practical before you clean and disinfect. The WEDC/DHS reopening guidance has useful information about cleaning and disinfecting for COVID-19.

3. Open doors and windows to increase air circulation in the area as feasible.

4. **Call your local and tribal health department (LTHD).** If a worker has tested positive for COVID-19 (as self-reported by the worker, or in a test arranged by the employer), you must follow state law to report cases to the LTHD, even if the worker does not have symptoms. Maps of LTHDs and local tribal health centers with contact information are located on the DHS website.

5. **Start collecting information to share with the LTHD.** One way to collect this information is the spreadsheet (public health workers call this a “line list”) in Appendix C. Collect information about the worker’s contacts among coworkers for the period starting two days before the worker’s symptoms first appeared (or before the worker tested positive for COVID-19) to identify other workers who could be considered exposed. If you have a COVID-19 plan or have filled out the questionnaire in Appendix A, sharing these materials with the LTHD will allow them to respond more efficiently.
If a worker is confirmed to be infected with COVID-19, inform fellow workers who were in close contact of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. More information on how to proceed is available in the Centers for Disease Control and Prevention (CDC) Public Health Recommendations for Community-Related Exposure.

The LTHD can help launch a best practices communication plan for your company. If needed, this can be used to provide general information to the public about how the LTHD and the facility are working together to keep the community safe.

Report any work-related COVID-19 cases in the OSHA 300 log (see Appendix D for more details). For this log, the employer determines which illnesses are work-related, according to OSHA’s criteria.
When to call the LTHD

Upon learning that a worker has tested positive for COVID-19, immediately report this information to the LTHD for contact tracing, in accordance with state law.

When a worker tests positive for COVID-19, LTHD staff will interview the worker to identify close contacts through contact tracing. The goal is to stop the spread of COVID-19 at the workplace and in the community.

Maps of LTHDs and local tribal health centers with contact information are located on the DHS website.

What Is contact tracing?

Contact tracing is used by LTHDs to prevent the spread of infectious disease. Contact tracing involves identifying people who have an infectious disease (cases) and people who may have been exposed (close contacts). Steps involved in contact tracing include:

- Interviewing people with COVID-19 to identify everyone with whom they had close contact during the time they were infectious.
- Notifying contacts of their potential exposure.
- Referring contacts for testing.
- Isolating the person who tested positive and quarantining close contacts in their residences.

Who Is a close contact?

- A close contact is anyone who was within 6 feet of an infected person for at least 15 minutes in a 24-hour period, starting from two days before the illness started.
  - If the infected person has no symptoms, this period of time begins two days before their positive test.
- A person is also considered a close contact if either of the following happened while they spent time with a person with COVID-19 (even when the person with COVID-19 had no symptoms):
  - Direct physical contact with the person, including but not limited to a hug or a handshake.
  - Contact with the infected person’s respiratory secretions, including but not limited to exposure to cough or sneeze droplets; contact with a used tissue; or sharing a drinking glass, towels or other personal items.
• Even if workers are wearing PPE, they are still considered close contacts. PPE for COVID-19 varies greatly in its ability to ensure protection against the COVID-19 virus. Many forms of PPE in current use do not eliminate the risk of infection, so these workers are still close contacts.

Working with the LTHD during the outbreak investigation

What’s an outbreak and what’s an outbreak investigation?

An outbreak is defined as two or more workplace-related COVID-19 cases, generally with symptoms beginning (or in some cases, with a positive test result) within 14 days of each other. The LTHD will determine whether the situation meets the criteria for an outbreak. If the LTHD determines that positive cases constitute an outbreak, an outbreak investigation will be opened and conducted.

An outbreak investigation is a systematic approach used by LTHDs to determine how COVID-19 is spreading and helps to inform recommended actions for workplace safety.

An outbreak investigation has two key components:

• Case investigation, conducted by the LTHD to determine how COVID-19 is spreading
• Risk assessment, to help ensure a workplace is well positioned to keep workers and visitors safe from COVID-19. A risk assessment may be conducted by the LTHD or in conjunction with WisCon (see “Is the workplace safe?”, page 4).

Whether or not the outbreak is workplace-related does not change how you should work with the LTHD in the initial stage of the investigation. The goal is always to stop the COVID-19 spread as quickly as possible.

As the investigation proceeds, information about case contacts inside and outside of the workplace allows the LTHD to determine if the outbreak is considered workplace-related. An investigation may find that COVID-19 is spreading in the community, in the workplace, or some combination of both.

At the end of the investigation, the LTHD will send you a closeout letter summarizing the investigation and any recommended actions to prevent the further spread of COVID-19 in the workplace.

How can I, the employer, assist the LTHD during an outbreak investigation?

• Share names, contact information and sufficient work history information for all workers, as well as the respective facility information (for example, work schedules and floor plans) with the LTHD. Cooperation with the LTHD is required to stop the outbreak. Filling out Appendix A is an efficient way to gather important information and help the investigation.

• Keep a line list, which is a spreadsheet, (see Appendix C, especially the “Demographics” and “Relationships to Facility” sections) of workers linked to the investigation. Determining a secure way to transfer files and sharing this information with the LTHD is critical.

Some client-based businesses (for example, salons and gyms) may maintain logs of client visits, as recommended in the WEDC/DHS guidance. Sharing these logs can help the LTHD identify clients at risk of COVID-19 exposure during the investigation.

Other records that can help the LTHD identify close workplace contacts include administrative records of workers and closed-circuit video. If close workplace contacts are identified from these records, you are required to share this information with the LTHD for follow-up. This information will be used solely by the LTHD for the purpose of COVID-19 public health investigation.

• Work with the LTHD to determine whether workplace COVID-19 virus testing will be needed. In some cases, testing fees during an outbreak investigation may be paid for by the state (the LTHD will have the appropriate details).

• Treat workers’ COVID-19 information as confidential health information, regardless of their consent. The LTHD will also treat this information as confidential. The LTHD will calculate and provide return-to-work dates of workers. Do not require workers to return to work from isolation or quarantine earlier than the date provided by the LTHD.
Some employers may also conduct screening testing. **Screening testing**, which is regular testing of all workers, can identify workers with COVID-19 without known or suspected exposure and/or without symptoms. Employers may consider setting up this type of testing program, particularly in settings where workers are frequently in close contact with one another. In these settings, COVID-19 can be easily spread and result in outbreaks. (see “Starting a COVID-19 testing program for my business,” page 16).

### When should workers get tested?

Workers should be tested in the following situations:

- **Workers with COVID-19 symptoms**: Any worker with symptoms should be tested to detect cases as early as possible. Workers can be referred to a health care provider or a community testing site. Some employers may arrange for testing at the workplace (see “Starting a COVID-19 testing program for my business,” page 16).

- **Workers who are close contacts of reported cases**: During outbreak investigations, as described earlier, close contacts of workers should be tested to identify people who are infected with COVID-19 but do not have symptoms. Ideally, PCR tests should be used rather than antigen tests. (See “Types of Covid-19 tests” on page 12 for more information.) Testing during outbreak investigations is led by the LTHD or the state in coordination with the employer.

*Note: In general, a negative test does not mean a worker can discontinue quarantine. (See “When can workers return?” for more information).*
Types of COVID-19 tests

Diagnostic tests are tests that can tell whether a person has an active COVID-19 infection.

There are the two kinds of diagnostic tests used to detect COVID-19:

• **PCR (molecular) testing:** PCR testing looks for genetic material of the virus. A health care worker collects a sample from a nasal or oral swab or saliva. Results may be available within the same day or could be delayed as long as a week, depending on the lab.

• **Antigen testing:** Like a PCR test, a health care worker collects a nasal swab or saliva sample. Although antigen tests are less expensive and provide quick results, they are less accurate than PCR tests and may require a follow-up test to confirm the result. If using antigen tests, please contact your LTHD or occupational medicine provider for retesting instructions. For more information, see the CDC antigen testing guidance.

A third type of test is antibody (serology) testing:

Antibody testing involves analyzing a person’s blood to determine if that person has ever been infected with the virus that causes COVID-19. Antibody testing should not be used to diagnose a COVID-19 infection, to determine if a worker is immune to COVID-19, or to justify return to work after isolation or quarantine. (See CDC Recommendations and “When can workers return?,” page 13).
Testing approaches during outbreak investigations

Anyone who has COVID-19 symptoms should be excluded from work, isolate at home and get tested right away. Close contacts of cases will be subject to quarantine and should also be tested. All workers should be screened daily for symptoms. During an outbreak investigation, different testing strategies may be used, depending on the nature of the outbreak. Businesses should work closely with their LTHD to determine which testing approach is most appropriate for your specific situation.

Tier 1: testing close contacts

Testing all workers who have had close contact (within 6 feet for at least 15 minutes) with a worker who has COVID-19.

Tier 2: testing all workers in a unit or section

Tier 2 is used when wider COVID-19 spread is suspected within a unit or section of a business. This approach is used when:

- Cases are grouped in one unit or section of a facility.
- One or more cases have an unidentified source.
- One or more cases came to work while infectious and potentially spread the virus to many contacts within a particular unit or section of a facility.

Tier 3: testing all workers in a facility

Testing all workers at a facility. This approach is only used in cases when the entire facility may be impacted, based on the number and distribution of cases. The LTHD will assist when this approach is necessary.

Taking action following testing

Workers who are close contacts continue to quarantine, even if the test result is negative (see “When can workers return?” page 15, and “Business outbreak scenario,” page 17). Quarantining for 14 days is recommended and is the most protective option for anyone exposed to COVID-19.
When can workers return?

The following guidelines outline the criteria for deciding when it is safe for a worker to return to work. Ultimately, the LTHD decides when an infected worker can safely return to work. Return-to-work dates are based on quarantine and isolation periods.

- **Quarantine** is a period of time spent at home after being exposed to a person with COVID-19. The purpose of quarantine is to make sure the person who was exposed has not become infected or to prevent spread if they have been.

- **Isolation** is a period of time spent at home after symptoms start or a person tests positive for COVID-19. The purpose of isolation is to allow a person to get over the infection and not spread it to others.

- An easy way to remember the difference: Close contacts quarantine; people with COVID-19 isolate.

**Return to work guidelines**

- Workers with COVID-19 **who have symptoms** and are directed to care for themselves at home (isolate) may return to work **after all of the following criteria are met**:
  - At least 24 hours have passed since fever has broken without the help of fever-reducing medications (for example, Tylenol or ibuprofen).
  - All other symptoms have improved.
  - At least 10 days have passed since symptoms began.

- Workers who test positive for COVID-19 **who do not have symptoms** (asymptomatic), never develop symptoms, and are directed to care for themselves at home (isolate) may return to work **after 10 days have passed since the first positive test sample was collected** (see “COVID-19 testing,” page 10).
Follow the instructions from your LTHD.

- A 14 day quarantine is the safest option for workers who have been exposed to COVID-19 but aren’t showing symptoms (close contacts).

- Some LTHDs may allow shorter quarantine periods. If instructed by your LTHD, workers with no symptoms may:
  - Return after day 10 as long as they continue to monitor for symptoms for the full 14 days.
  - Return after day 7 with a negative PCR or antigen test result from a test collected on or after day 6.

- Regardless of quarantine time, all close contacts are expected to monitor for symptoms for a full 14 days as well as following other COVID-19 safety guidelines such as mask wearing and social distancing.

- No employment sectors are considered exempt from the quarantine of exposed workers. Exceptions to standard quarantine guidelines are approved on a case-by-case basis by local, tribal, or state public health officials, and only for compelling public health or safety reasons.

**Important notes:**

- Isolation start date is the date symptoms start or the date that the worker was tested (assuming that test came back positive for COVID-19).

- When someone is exposed to the virus that causes COVID-19, it can take up to 14 days or more before they show symptoms or test positive. This is called the incubation period, and is the reason the safest option for close contacts is to quarantine at home for a full 14 days.

- If a worker tests positive for COVID-19 during the 14-day quarantine, they switch from quarantine to isolation and follow the return-to-work criteria for a symptomatic or asymptomatic case.

- **Antibody tests cannot be used to determine if a worker can return to work** (see “COVID-19 testing,” page 10, and related resources from the EEOC and CDC for further details).

- Do not require a return-to-work or notice of quarantine or isolation letter from a worker. DHS may be able to send the worker a notification of quarantine or isolation, but return-to-work dates are not specified, as these are determined by the LTHD.

- In addition to exclusion from work, remind workers asked to quarantine or isolate to follow other state, local and tribal public health guidelines while at home.

**After release from isolation or quarantine**

At this time, the CDC does not recommend retesting of persons who test positive for COVID-19 for three months after their positive test (for details, visit “Duration of Isolation and Precautions for Adults with COVID-19”). If a worker released from isolation begins to show symptoms of COVID-19, they should isolate and see a health care provider before retesting.
Two days later, Barb has a fever and gets tested. Barb starts isolation pending the test result.

Barb is notified of her positive result. Barb gives close contacts information. Barb must **continue isolation for 10 days** and monitors her symptoms twice a day.

Barb feels better at the end of 10 days. Barb returns after 10 days and 1 day symptom-free. **No test is required before returning to work** and for 90 days from symptoms onset.

Barb, Komi and Collin work closely together

Health Department informs Komi and Collin that they are close contacts and must **quarantine** for 14 days.

Collin does not show any symptoms. Collin returns to work after 14 days of quarantine. **No test is required before returning to work.**

After 5 days of quarantine, Komi has sore throat and tests positive. Komi **starts isolation for 10 days** and monitors his symptoms twice a day.

Komi feels better after 10 days of isolation and 1 day symptom-free. Komi returns to work after 5 initial days of quarantine, 10 days of isolation, and 1 day symptom-free. **No test is required before returning to work** and for 90 days from symptoms onset.

**This business has 2 cases within 28 days: This is an outbreak. The Health Department must open an outbreak investigation.**
Starting a COVID-19 testing program for my business

Routine testing of some or all workers could help to identify outbreaks before they begin so that early containment is more likely. You may carry out this type of screening testing, but it should be planned with the advice of the LTHD. DHS does not endorse one screening test strategy over another. The optimal frequency or testing coverage among workers may vary depending on available resources and the workplace setting. Any employer-led routine testing of asymptomatic workers for screening purposes should be combined with robust symptom monitoring for workers and access to testing (or referral) for workers who report symptoms of COVID-19 or who have been identified as a close contact of confirmed cases. If two or more workers test positive for COVID-19 during a routine test screening, consult with the LTHD to determine if a change to the testing strategy is warranted.

COVID-19 is a medical condition, and diagnostic testing for COVID-19 that is coordinated by the employer must comply with the reporting and quality standards expected of a health care provider. Work closely with an occupational health provider (or another health care provider), as well as the laboratory performing the tests, to ensure that their testing program meets the following standards:

Specimen collection

- **Test type:** Use accurate and reliable testing supplies and laboratory processing, as specified by DHS and the U.S. Food and Drug Administration (FDA). Point-of-care antigen tests must be approved by the FDA for the diagnosis of COVID-19 infection. Antibody tests should not be used for diagnosing infection. See “COVID-19 testing” on page 10 for more details about different types of tests.

- **Specimen collection:** Ensure that personnel are knowledgeable and trained in the most effective process and patient and personal safety precautions.

- **PPE:** Ensure that all personnel have access to appropriate PPE and are utilizing safe testing practices.

- **Worker education:** Offer effective and culturally and linguistically appropriate health education before and at the time of specimen collection, including isolation instructions for symptomatic workers.

- **Test documentation:** Accurately document DHS-required data elements (see “Reporting worker test results to public health as an employer,” page 17).

Lab processing

- **Lab turnaround time:** Ensure timely lab turnaround time, ideally 48 hours from specimen collection to lab processing.

- **Timely documentation:** See “Reporting worker test results to public health as an employer,” page 17.

Patient notification

- **Time:** Timely patient results reporting of both positive and negative results (24 hours from lab result) is critical.

- **Worker notification:** Use a comprehensive script with information for those who test positive. Providing effective and culturally and linguistically appropriate education and referrals to health care services, isolation resources and other supports for individuals who test positive will be essential. Promote awareness that their LTHD will be calling for contact tracing purposes and to provide further guidance. Alternatively, communicate that, even with a negative test result, the individual could still get infected later on or could be very early in the infection (within the incubation period). Include information about how to avoid infection.
Reporting worker test results to public health as an employer

COVID-19 is a Category 1 Reportable Condition in Wisconsin. This means that if you conduct your own COVID-19 testing at your business, you have to ensure reporting of test results (positive and negative) to your LTHD. Laboratories with electronic reporting capabilities can submit results through the Wisconsin Electronic Disease Surveillance System (WEDSS). If the lab does not have WEDSS access, or if your business is conducting onsite testing using point-of-care tests, a patient information form (see Appendix E) should be completed and faxed to the LTHD. For bulk transmission into WEDSS, please contact DHS (see “Resources” on page 18) to request the applicable document.

Required data elements include:

- Worker demographics: name, date of birth, reported gender, race/ethnicity, preferred language
- Contact information: mobile phone number, secondary phone number, physical/mailing address
- Reason for testing: symptoms, public health investigation, other
- Hospitalization status
- Occupation
- Link (if any): outbreak investigation or community testing initiative
- Specimen type
Resources

Industry-specific guidelines for how to conduct normal business operations during COVID-19 can be found on the WEDC website, or using the links below.

General
Agriculture
Construction
Entertainment and Amusement
Gyms and Fitness Facilities
Lodging
Manufacturing
Outdoor Gatherings

Outdoor Recreation
Personal Services
Professional Services (Commercial Office Spaces)
Public Facilities
Restaurants, Food Service and Bars
Retail Stores
Transportation
Warehouse and Wholesale Trades

The primary point of contact for questions regarding a COVID-19 outbreak at your business should be the local and tribal health department (LTHD). Contact information can be found through the following links:

Local Public Health Departments
Wisconsin Tribal Health Centers

Questions or concerns can also be sent to DHS via the following email addresses:

DHSCOVIDOCCHEALTH@dhs.wisconsin.gov
DHSCDESOutbreaks@dhs.wisconsin.gov

WisCon offers no-obligation, free consultations to assess and address workplace health and safety questions regarding COVID-19. These virtual or in-person consultations include helpful guidance and recommendations for keeping your business running safely during the pandemic. Contact WisCon using the link, email or phone number below.

COVID-19 Consulting Services
covidconsulting@slh.wisc.edu
608-226-5246
CDC’s occupational health experts can address your workplace questions. When you make contact, let CDC-INFO know that your question is occupational. Contact information is listed below.

Technical Information and Assistance

1-800-CDC-INFO (1-800-232-4636)

Contact CDC-INFO

TTY 1-888-232-6348

Representatives are available in English and en Español

8 a.m.–8 p.m. EDT
Appendices

Appendix A  Workplace Questionnaire, F-02729

Appendix B  Symptom Screening Tool, F-02730

Appendix C  Worker Line List, F-02731

Appendix D  OSHA 300 Reporting

Appendix E  COVID-19 Patient Information, F-02700

Appendix F  14-day Fever and Symptom Tracker
Appendix A: Workplace Questionnaire, F-02729

Controls Checklist

Instructions: Select Yes/No from the dropdown for each cell applicable to your worksite after implementing the controls indicated. Areas that need to be addressed will be highlighted in red.

<table>
<thead>
<tr>
<th>Health screening area</th>
<th>Entrance, exit and clock area</th>
<th>Uniform and equipment picking area</th>
<th>Tool sharpening area</th>
<th>Production area</th>
<th>Break areas, cafeterias</th>
<th>Locker rooms, restrooms</th>
<th>Other areas, e.g. parking lot, smoking areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhere to physical distancing</td>
<td>Physical barriers</td>
<td>Face covering use</td>
<td>Cleaning and disinfection practices</td>
<td>Hand sanitizer and hand wash stations</td>
<td>Visual or other reminders to maintain physical distancing, wear a cloth face covering, hand washing etc. (e.g. posters)</td>
<td>Visual reminders posted in multiple languages if necessary</td>
<td>Communications about COVID-19 and worker safety and health</td>
</tr>
</tbody>
</table>

Appendix B: Symptom Screening Tool, F-02730

Worker COVID-19 symptoms screening

The information on this page contains worker health information and must be must treated as confidential medical records.

Call 911 if any worker is experiencing trouble breathing, new confusion, persistent pain or pressure in the chest, inability to stay awake, bluish lips or face.

**Screener:**

**Date:**

<table>
<thead>
<tr>
<th>Employee name</th>
<th>Temperature (°F)</th>
<th>Cough</th>
<th>Shortness of breath or difficulty breathing</th>
<th>Fatigue or Tiredness</th>
<th>Muscle or body aches</th>
<th>New loss of taste or smell</th>
<th>Sore throat</th>
<th>Vomiting or diarrhea</th>
</tr>
</thead>
</table>

SAMPLE
# Line List - Respiratory Virus Outbreak - Workplace Environment

The information on this page contains worker health information and must be treated as medical records with confidential information.

**Workplace/Facility Name:** _________________________________________________

**Page ____ of _____**

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Last name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Phone number</th>
<th>Date of birth (mm/dd/yy)</th>
<th>Sex (M/F)</th>
<th>Worker (E) or Contact of worker (C)*</th>
<th>Worker’s primary work area in facility</th>
<th>Workers: Job title</th>
<th>Symptoms onset date: (mm/dd/yy)</th>
<th>Pathogen(s) Detected:</th>
<th>Hospitalized overnight (Y/N)</th>
<th>Died (Y/N)</th>
<th>Isolation/Quarantine Date Information: (mm/dd/yy)</th>
<th>Symptom resolution date: (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

If faxing to your local Public Health Department, please complete the following information:

**Facility Name:** _____________________________________________
**City, State:** ___________________________________________
**County:** _______________________________
**Contact Person:** _______________________________________
**Phone:** _______________________  **Email:** _______________________
Appendix D: OSHA 300 Reporting

OSHA 300 reporting is a separate process from reporting to the local or tribal health department (LTHD), and has different reporting requirements.

If a confirmed case of COVID-19 is identified, the company will determine if it meets the criteria for recordability and reportability under OSHA's recordkeeping rule. OSHA requires employers to record work-related injuries and illnesses that meet certain severity criteria on the OSHA 300 log, as well as complete the OSHA form 301 (or equivalent) upon the occurrence of these injuries or illnesses.

OSHA has determined that COVID-19 should not be excluded from coverage of the rule (unlike the common cold or seasonal flu, which are excluded). Thus, OSHA considers COVID-19 an illness, but has stated that only confirmed cases of COVID-19 should be considered an illness under the rule. If a worker simply comes to work with symptoms consistent with COVID-19 but does not have a confirmed diagnosis, the recordability analysis is not necessarily triggered at that time.

For purposes of COVID-19, OSHA also requires employers to report any work-related illness that (1) results in a fatality, or (2) results in the inpatient hospitalization of one or more workers. Inpatient hospitalization is defined as a formal admission to the inpatient service of a hospital or clinic for care or treatment.

If a worker has a confirmed case of COVID-19, the company will consult with the LTHD as the company conducts an assessment of any workplace exposures to determine if the case meets OSHA criteria for work-relatedness. Work-relatedness is presumed for illnesses that result from events or exposures in the work environment, unless it meets certain exceptions. One of those exceptions is that the illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside of the work environment. Thus, if an worker develops COVID-19 solely from an exposure outside of the work environment, it would not be work-related, and thus not recordable. Determining where a worker became infected may be a challenging task. Note that OSHA's rule for work-relatedness of COVID-19 illness may be different than those of state and national public health agencies.

The company's assessment of work-relatedness will consider the work environment itself, the type of work performed, the risk of person-to-person transmission given the work environment, and other factors such as community spread. Further, if a worker has a confirmed case of COVID-19 that is considered work-related per OSHA criteria, the company will report the case to OSHA if it results in a fatality within 30 days or an inpatient hospitalization within 24 hours of the exposure incident.

More information can be found on OSHA's recordkeeping webpage.
Appendix E: COVID-19 Patient Information, F-02700

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02700 (Last Revised 07/22/2020)

STATE OF WISCONSIN

WISCONSIN COVID-19 PATIENT INFORMATION

First Name ___________________________ Last Name ___________________________

Date of Birth ____________ Gender M [ ] F [ ] Other [ ] Unknown [ ]

Race
[ ] Hispanic/Latino
[ ] Not Hispanic/Latino

Ethnicity
[ ] American Indian/Alaska Native
[ ] Asian
[ ] Black/African American
[ ] Native Hawaiian/Pacific Islander
[ ] White
[ ] Other [ ]

Preferred language _________________

Street Address ___________________________ City ___________________________

State ________________ Zip ________________ County ___________________________

Primary Phone (e.g., cellphone) ___________________________ Secondary Phone ___________________________

Email Address ______________________________________

[ ] Is Patient a health care worker? [ ] No

Occuaption _________________

REASON FOR TESTING (Check all that apply)

[ ] Symptoms of COVID-19 Onset date for earliest symptom: ________________ 
[ ] Asymptomatic

Has the patient had any of the following symptoms in the past 14 days?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough (new onset or worsening of chronic cough)</td>
<td></td>
<td></td>
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<tr>
<td>Sore throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath (dyspnea)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
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<tr>
<td>Chills</td>
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<tr>
<td>Headache</td>
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<td></td>
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<tr>
<td>Muscle aches (myalgia)</td>
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<td></td>
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<tr>
<td>Fatigue</td>
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<tr>
<td>Runny nose (rhinorrhea)</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Diarrhea (more than 3 loose stools/day)</td>
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<tr>
<td>Loss of smell?</td>
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<td></td>
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<tr>
<td>Loss of taste?</td>
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<tr>
<td>Other, specify</td>
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</tbody>
</table>

[ ] Public Health Investigation (e.g., long-term care, workplace, corrections) – Enter Investigation Details Below

[ ] Community Testing Site [ ] Hospitalized (inpatient) Admission Date: ________________ ICU: [ ] Yes [ ] No

[ ] Pre-procedure or Preoperative Screening

RESIDENTIAL AND OCCUPATIONAL INFORMATION (Required for public health investigations)

Does the patient work in nursing home, long-term care facility, jail, shelter or other congregate living setting?

[ ] Yes [ ] No If Yes, name and location of facility: ___________________________

Does the patient live in nursing home, long-term care facility, jail, shelter or other congregate living setting?

[ ] Yes [ ] No If Yes, name and location of facility: ___________________________

If part of a workplace investigation, is the patient an Employee? [ ] Yes [ ] No

Contact of an employee? [ ] Yes [ ] No

What is the name of the workplace: ___________________________ What section or unit? ___________________________

ORDERING PROVIDER AND FACILITY

Collection Date: ________________ Specimen Type: [ ] Nasal swab [ ] NP [ ] OP [ ] Saliva [ ] other

Ordering Provider: ___________________________ Phone: ___________________________

Reporting Facility or Health Department ___________________________

Investigation Name/ID (If applicable for public health investigation) ___________________________

All patients with a pending molecular test must be reported to public health while laboratory results are pending, and reports must include the data fields on this form. Reporting this information via WEDSS is strongly encouraged. In lieu of WEDSS reporting, this form can be used to report to the patient’s local public health agency while results are pending. A list of local health agency contact information can be found on the Department of Health Services website.
# 14-day Fever and Symptom Tracker - COVID-19

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (years)</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Your Telephone Number</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Local Health Department</th>
<th>Telephone Number – Daytime</th>
<th>Telephone Number – After hours</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day. **Do not leave any spaces blank.** If you have a fever or any symptom, immediately call your doctor.

<table>
<thead>
<tr>
<th>Date (month/day) (Days 1-14)</th>
<th>Feverish?</th>
<th>Temperature Morning (a.m.)</th>
<th>Temperature Evening (p.m.)</th>
<th>Cough</th>
<th>Sore Throat</th>
<th>Shortness of Breath</th>
<th>Other Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes / No</td>
<td>°C / °F</td>
<td>°C / °F</td>
<td>Yes / No</td>
<td>Yes / No</td>
<td>Yes / No</td>
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<td>°C / °F</td>
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<td>Yes / No</td>
<td>°C / °F</td>
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