

COVID-19 Quick Contact Tracing Checklist of Positive Employee

Fill in the answers on this sheet as evidence of your contact tracing and save with related documents for 3 years. If employee believes they got COVID at the worksite. Include this with the supervisor report if the employee states they want to file a Workers' Compensation claim.

Immediate Action: Any COVID-19 positive person with symptoms must be excluded from the workplace per OSHA and CDPH requirements. If the diagnosis is received while the employee is at work, send the employee home immediately pending additional information. Reference the [CDPH Isolation and Quarantine Guidelines](#).

Explain to the employee that you need are required to gather information for contract tracing and exposure to other employees during their infectious period.

Tracing Information:

- Positive Employee Name
- Positive Employee Job Class
- Positive Employee County ID number
- Positive Employee home phone #:
- Primary worksite address:
- Date positive employee was last at a County work site:
- Did the employee go to any other worksite:
- Date positive employee was tested:
- Date department was notified of the positive test results:
- Date positive employee first had COVID-19 symptoms:
- Reason why employee tested:
- Has the positive employee been in direct contact with a COVID-19 positive person in the last 14 days?
- What was the relationship of the positive contact (family, friend, client):

- Date the employee last had direct contact with the person and how long:

Infectious Period for outbreak tracking = the 2 days before symptoms began, or if no symptoms, 2 days prior to the date of the positive test. If employee was on site during their infectious period, collect the following information:

- Dates employee was on site during their infectious period:

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Worksites and the dates the employee went to each site during their infectious period:

At each site, who did the employee have “*direct contact*” with while on-site? (Log close contacts on the [Contact Tracing spreadsheet](#).) Explain to the employee the department is required by law to send notifications to individuals they had close contact to in the workplace and they will not be identified in the notifications. However, ask the employee for their permission to disclose their name to employees they had the most contact with so the close contact can make the best decisions regarding their exposure level.

Did the employee give permission to disclose their name for direct contact tracing purposes?

Did the employee have direct contact or work in close proximity to any other employees outside of work?

If so, who and what department do they work for? (Log direct contacts on the [Contact Tracing spreadsheet](#).)

Provide Required Notices:

Notification letters must be sent within 1 business day of notice of a positive case. All notifications must be cc to the DisabilityUnit@sonoma-county.org

Notice for Positive Employee: Letter 3

Notices for direct contacts: Letter 2A or appropriate for the situation

Supervisors Report: If employee thinks they contracted COVID-19 in the workplace AND wants to file a Workers’ Compensation claim.

Does the employee want to file a Workers’ Compensation claim?

Yes No

Tell the employee they will need to submit medical proof (like a PCR test) along with a DWC-1 form if they want to file a claim. Please have them call Kaiser Occupational Health to discuss their COVID case with a medical professional at 707-566-5555.

Note in box 24 of the supervisor report the details of how and why the employee believes that work is where they caught COVID-19.

Include this checklist with the report. Email to Disabilityunit@sonoma-county.org

Name, title, and phone number of employee completing this form: