

ADDENDUM IIIa
COUNTY OF LAKE
COVID-19 Public Health Emergency – Worksite Protocol
COVID-19 INVESTIGATIVE FORM - Instructions
Employee Confirmed COVID-19 Test

INSTRUCTIONS FOR COMPLETING FORM:

1. Complete and send the investigative form via email with “Employee Positive” in the subject line to:
 - A. County Public Health (PublicHealth.LakeDiseaseReporting@lakecountyca.gov)
 - B. County Administration (Susan.parker@lakecountyca.gov)
 - C. County Risk Management (CountyCounsel@lakecountyca.gov)
 - D. County Human Resources (pam.samac@lakecountyca.gov)
 - Public Health may conduct contact tracing for contacts outside the workplace.
 - Risk Management will report to the County’s workers compensation carrier.
 - Human Resources will advise on available leave.
2. Determine the “High Risk Exposure Period” which means:
 - (1) for those with COVID-19 symptoms, from two days before they first developed symptoms until 5 to 10 days after symptoms appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or
 - (2) For those who test positive who never developed symptoms, from 2 days before and 5 to 10 days after they tested.
3. Contact employees and subcontractors identified as potential “COVID-19 exposures” by phone or email within one business day and advise them that they have potentially been exposed to COVID-19 and quarantine protocols (see below).
 - A. Do not identify the employee who tested positive.
 - B. Potential COVID-19 exposures must quarantine for 5 to 10 days after the last known COVID-19 exposure. At the discretion of the Department, and based on operational needs, the potential COVID-19 exposure(s) may telework during quarantine.
 - C. If teleworking is not possible, the potential COVID-19 exposure will be paid exclusion pay for
4. **If the answer to question # 6 below is YES, send a County of Lake COVID-19 Exposure Notification within one business day.**
 - A. The notice should go to any employee or subcontractor who was present at the same worksite as the COVID-19 case during the infectious period. For persons who develop COVID-19 symptoms, that period begins two days before they first develop symptoms. For persons who test positive but never develop COVID-19 symptoms, the period begins two days before the date of their test.
 - B. Use the response to question #6 to determine applicable worksite. Risk Management can help determine the scope of the worksite that must be noticed.
 - C. Provide a copy of the notice to any union with a member that receives the notice.
5. Determine whether there are any workplace conditions that could have contributed to the risk of COVID-19 exposure and address.
6. The department head should contact Public Services at 707-262-1618 to arrange cleaning.

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| | | |
|--------------------|-----------------|-----------------|
| Employee Name: | Title: | Date: |
| | | |
| Department: | Supervisor | Union: |
| | | |
| Employee Location: | Employee Phone: | Employee Email: |
| | | |

Instructions: the supervisor should ask the employee who has tested positive the following questions and record the responses on this form.

| |
|--|
| 1. Have you received your final COVID-19 vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1a. If yes, date you received your final vaccination? |
| |
| 2. Have you received a booster vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2a. If yes, date you received your vaccination? |
| |
| 3. What date did you take a COVID-19 test? |
| |
| 4. What date did you receive your test result? |
| |
| 5. If you experienced symptoms, what date did you first experience them? Indicate N/A if not symptomatic. |
| |
| 6. When was the last time you were at your work location or other work-related location (i.e., client's residence, subcontractor's office, care facility)? |
| |
| 7. Were you in a County building or other work-related location in the two days prior to experiencing symptoms, if symptomatic, or in the two days prior to taking your COVID test if asymptomatic? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7a. If yes, what locations? List all locations including any County buildings or worksites other than your normal work location, including going into other departments or onto other floors. |
| |
| 7b. If no, there is no chance of exposure/transmission. |
| 8. Close contact is defined as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the "high-risk exposure period". This definition applies regardless of the use of face coverings. During the two days prior to experiencing symptoms through the days you worked while symptomatic, did you have close contact with any co-workers? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

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| 8a. If YES, whom did you have close contact with? |
| |
| 8b. Please describe in detail how the close contact occurred. |
| |
| 9. Have any other co-workers, clients, or vendors at the same location been diagnosed or tested positive for COVID-19? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9a. If yes who and when? |
| |
| 10. Have any members of your family been diagnosed or tested positive for COVID-19 during the 2 weeks prior to testing positive? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10a. If yes, When? |
| |
| 11. Have you attended personal gatherings, social activities, parties, or been on vacation during the 2 weeks prior to testing positive? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11a. If yes, When? |
| |
| 12. Have you traveled 2 weeks prior to testing positive? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12a. If yes, When? |
| |
| 13. Are there any workplace conditions that may have contributed to the risk of COVID-19 exposure and address? |
| |

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Department Certification for Exclusion Pay

| | | |
|----------------|--------|------------|
| Employee Name: | Title: | Department |
| | | |

Has the employee been excluded from work due to a work place exposure?

☐ Yes ☐ No

Is the excluded employee able to work from home?

☐ Yes ☐ No

HR Approval For Exclusion Pay

To: Payroll

From: Human Resources

I have reviewed the investigation form and the employee above is eligible for Exclusion Pay due to a work place exposure.

| | |
|--------------|------|
| | |
| HR Signature | Date |