Complete this form in Microsoft Word

|  |  |
| --- | --- |
| Facility Name: |  |
| Employee Name: |  |
| Employee Department: |  |
| Employee Role: |  |
| Affected Unit(s): |  |
| Onset DateThe date the COVID test swab was done, or the date of onset of symptoms, whichever is earlier. |  |
| Positive DateThe earlier of the date the COVID test result was reported or the date the resident was placed in isolation. |  |
| Dates & Times Worked in the last 7 days: |  |
| Return to Work Testing Date(s): |  |
| End of Masking Date:(10-20 days after the Onset Date) |  |
| Investigator Name: |  |
| Investigator Phone: |  |
| Investigator E-mail: |  |

**Employee Interview**

|  |
| --- |
| Onset Date & Dates Worked Confirmed ( )Yes ( ) No |
| Other staff in carpool/bus: |
| Inquire about any known or potential exposures in the 7 days prior to onset, whether inside or outside of the nursing home, including with other staff members or on breaks. Ask about any recent visits to community places or events where social distancing is difficult. |
| Date(s) | Event(s) *(Press Tab in last column to add a new row)* |
|  |  |

**Resident Contact Review, Testing & Isolation Plan**

Interview employee, Review staffing sheets, assignments, and medical record entries (including ADL documentation) to identify the residents who had contact with the employee, starting 2 days prior to the Onset Date up to the Positive Date. Complete the testing dates and isolation plan. *(Press Tab in last column to add a new row)*

**Test Type: ( ) PCR** (preferred) **( ) Antigen ( ) Both**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resident Name & Room Number | Services Provided | First Exposure DateMM/DD | Last Exposure DateMM/DD | Test Date #1MM/DD | Test Date #2MM/DD | Test Date #3 MM/DD | Test Date #4 (if needed)MM/DD | (Q)uarantine or (M)asking? | Precautions or Masking End Date (if all tests are negative)MM/DD |
|  |  |  |  |  |  |  |  |  |  |

**Staff Contact Review** – Employee Interview and Record Review

Interview employee, Review staffing sheets and assignments to identify the staff members who had contact with the employee, starting 2 days prior to the Onset Date up to the Positive Date. If the new case had a known exposure, start 2 days before the Onset Date. Complete the testing dates and note any work reassignments or exclusions *(Press Tab in last column to add a new row)*

**Test Type: ( ) PCR ( ) Antigen** (preferred) **( ) Both**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Name & Role | Nature of contact/exposure | First Exposure DateMM/DD | Last Exposure DateMM/DD | Test Date #1MM/DD | Test Date #2MM/DD | Test Date #3MM/DD | Test Date #4 (if needed)MM/DD | Masking ending dateMM/DD |
|  |  |  |  |  |  |  |  |  |

**Existing COVID-19 Residents**

Identify any residents in the facility with onset of COVID-19 in the 7 days prior to the employee’s onset date. *(Press Tab in last column to add a new row)*

|  |  |  |
| --- | --- | --- |
| Unit & Room | Onset Date | Resident Name |
|  |  |  |

**Existing COVID-19 Staff**

Identify any staff on the employee’s nursing unit or in the employee’s department with onset of COVID-19 in the 7 days prior to the resident’s onset date *(Press Tab in last column to add a new row)*

|  |  |  |  |
| --- | --- | --- | --- |
| Onset Date | Staff Role | Unit/Dept | Staff Name |
|  |  |  |  |