

COVID-19 Positive Case: Supervisor Checklist

SAMPLE VERSION

(Information below is fictional to demonstrate a completed checklist)

Privileged and Confidential

PLEASE READ BEFORE COMPLETING THE FOLLOWING PAGES: This template is to be completed electronically by the employee's supervisor for the purpose of collecting information related to an employee that tests positive with COVID-19. This document and its information is to be shared only with those directly involved in assessing risk related to the positive case. These individuals are identified in section 1 of this document. Other contributors may be Workforce Safety and Employee Health representatives available at the time of the incident along with a communications representative.

The supervisor will reach out to the employee who has tested positive for COVID-19 to complete the items listed in this checklist including associated actions (cleaning, disinfecting, contact tracing etc.) Supervisors are to provide support for the individual, review isolation dates, and contact trace for the workplace. The notes from the conversation are to be stored within this checklist.

- Should assistance be required in completing this checklist, **please contact your Safety Team Member** (e.g. Safety Coordinator, Safety Engagement Lead, OH&S Manager). If the matter is urgent after hours, contact the on-call Safety Engagement Lead (780-496-6666).
- If assistance is needed for immediate support for the employee or a medical matter, please contact a Senior Disability Management Consultant during or after work hours:
 - Chad Nelson - (780) 496-3669 OR Hedy Schonberger - (780) 496-5312.

Safety Team Members will support the supervisor in reviewing the established controls and cleaning procedures existing prior to the positive COVID-19 result, identifying further controls or procedures that may be necessary given the reported positive COVID-19 case, and conducting any additional investigation of the incident with area leadership as required.

A member of the Disability Management team will follow-up with the employee a few days after the positive result to check on the employee, review isolation dates and offer any other support needed.

Please share this with the employee when you are completing this checklist:

Personal information is collected for the purpose of collecting information that will help with the risk assessment process and will be used only for this purpose. Collection is authorized under section 33(c) of the *Freedom of Information and Protection of Privacy* (FOIP) Act and is managed and protected in accordance with the Act. Questions, please contact the Directors of Occupational Health and Safety, 11th Floor Century Place, 780-496-7857, safety@edmonton.ca

1	Employee Information- To be completed by the supervisor	
1a	Employee Name:	John Mallard
1b	Position:	Cleaner
1c	Work Location:	Westwood Municipal
1d	Was the employee working from home?	If yes - skip Section 2
1e	Employee City ID Number:	123456
1f	Department, Branch and Section:	City Operations, Fleet and Facility Services, Facility Maintenance Services (Custodial services)
1g	Direct Supervisor Name (Submitter):	Mike O'Connell (Foreperson)
1h	Supervisor Name and Phone Number:	Amanda Leonard (General Supervisor)
1i	Director Name:	Matthew MacDonald
1j	Branch Manager Name:	Sam Michaelson
1k	Narrative of the situation: The employee was contacted on December 2 by Alberta Health Services and notified that they were a close contact of an individual who tested positive for COVID-19 and were to isolate for 14 days	

	Instructions on Yes / No Questions: Insert (X) in the appropriate answer.	
2	Contact Tracing- To be completed by the Supervisor This section is designed to be completed step by step, while talking with your employee. Open the conversation by asking how the employee is feeling and then proceed by letting them know that you need to ask them some questions to establish any close contacts they may have at work who also need to isolate and seek testing to limit the spread of the virus.	
2a	When was the employee tested?	Date: Dec 4
2b	When did the employee receive a COVID-19 positive test result?	Date: Dec 5
2c	What date did the employee first develop symptoms? (This is the date that determines when to contact trace) If the employee is asymptomatic, record that and the day they were tested or if determined to be a close contact, confirm the date of initial contact with the positive case and trace from that day.	Date of first symptoms: Dec 3 OR Asymptomatic? Employee was asymptomatic at the time of contact from AHS, but later developed symptoms. Date tested: Dec 4

2d	<p>Was the employee at work in the 2 days before symptoms developed, or if they are asymptomatic, the 2 days before they were tested? <i>(If yes, these are the days that require contact tracing for close contacts at work, in addition to any days they were at work while symptomatic.)</i></p>	<table border="1" data-bbox="898 212 1495 268"> <tr> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>N/A</td> </tr> </table> <p>Dates: Symptoms started Dec 3 Last day of work was Dec 2 Start workplace contact tracing Dec 1 - 2.</p>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A			
2e	<p>What work sites, facilities and/or City owned vehicles has the employee worked in, within the 2 days listed above?</p> <p>List all that apply. Where applicable:</p> <ul style="list-style-type: none"> List specific buildings and areas (e.g. staff, lobby, personal office.) List vehicle numbers (e.g. A1234) 	<p>Edmonton Tower only</p> <ul style="list-style-type: none"> Lobby Floors 5-10 <ul style="list-style-type: none"> common areas elevator waiting area Lunchrooms Washrooms (men/women, single access) Custodial supply room 						
2f	<p>Was the employee practising physical distancing?</p>	<table border="1" data-bbox="898 856 1495 913"> <tr> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A			
2g	<p>Was the employee wearing a face covering or other personal protective equipment at the time?</p>	<table border="1" data-bbox="898 972 1495 1029"> <tr> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A			
2h	<p>Was the employee in close contact with anyone on those days (e.g. employee, contractor or member of the public)?</p> <p>Close contacts are defined as anyone who was within two metres of a positive case of COVID-19 for 15 minutes or more of cumulative contact (eg. multiple interactions for a total of 15 minutes or more, even if a mask was worn during that contact).</p> <p><i>Please note: The AHS close contact definition for healthcare professionals includes “without the use of appropriate PPE”; however, this means a surgical mask, eye protection, and gown - these are not used by regular City employees in their work activities and therefore it is not applicable.</i></p>	<table border="1" data-bbox="898 1098 1495 1155"> <tr> <td><input checked="" type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>N/A</td> </tr> </table> <p>If yes, where and what date?</p> <p>Total of 2 co-workers, 1 on Dec 1 and 1 different co-worker on Dec 2.</p>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A			

Please list all employees that are close contacts

Alberta Health Services requirements for [Close Contacts](#): **Anyone in close contact with a positive COVID-19 case must quarantine for 14 days from the date of contact, regardless of a negative test result.**

Contact Description (Affected Employee, other Employees)	Close Contact Name	Has the Employee been Contacted (Yes/No)	Last Day Worked yyyy/mm/dd	Symptomatic Yes No	Test Results Negative Awaiting Results Positive
Close Contact EE 1	Amy Samuel	Yes	2020/12/05	No	Negative
Close Contact EE 2	Chris Morris	Yes	2020/12/05	No	Awaiting Results

2i	Does the employee need any additional support? Recommend EFAP or other supports the area may be able to provide.	<input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2j		If, Yes, what was recommended? Number for EFAP was provided as the employee was quite distressed about their diagnosis and the potential impact on their family.
2k	Did the employee complete the COVID-19 Pre-shift Screening and Rapid Response form on their last day of work?	<input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2l	What date did AHS advise the employee to isolate until? (Confirmed cases must isolate for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer)	Date: December 13, 2020
2m	Does the employee know the date of the next follow up with AHS?	Date: December 12, 2020
2n	Remind the employee to submit their contact tracing information for personal contacts outside the workplace to the AHS Contact Tracing System . Workplace close contacts <u>do not need</u> to be submitted to the AHS Contract Tracing System because the supervisor contacts them directly.	

3	Cleaning, Sanitizing and Disinfection- To be completed by the supervisor Cleaning contacts are listed in this document on page 4.	
3a	List areas that need to be disinfected in the facility(s) listed in (3b) above? List any general (e.g. office space, bathroom) or specific locations (e.g. computer station, printer, steering wheel).	Edmonton Tower only - Lobby - Floors 5-10 - common areas - elevator waiting area

		<ul style="list-style-type: none"> - Lunchrooms - Washrooms (men/women, single access) - Custodial supply room 						
3b	When will the area be disinfected?	Date: December 5						
3c	Who is doing the disinfecting?	<table border="1"> <tr> <td>x</td><td>Custodial</td><td></td><td>Contract Custodial</td></tr> </table>	x	Custodial		Contract Custodial		
x	Custodial		Contract Custodial					
3d	What method/s of cleaning, sanitizing and disinfection are being used?	<table border="1"> <tr> <td></td><td>Manual</td><td>x</td><td>Electrostatic</td><td></td><td>Other</td></tr> </table>		Manual	x	Electrostatic		Other
	Manual	x	Electrostatic		Other			
3e	List equipment that is being used for disinfection	Electro static sprayer, as per FFS Operating Procedure						
3f	List products that are being used for disinfection	As per SOP. (Link here)						

4	Communication- The Supervisor is only to inform those that need to know of the incident within the section							
4a	Inform the Director of the section (only disclosing the name of the employee where necessary)	Name: Matthew MacDonald Date: December 5 Informed by: Amanda Leonard (GS)						
4b	Inform the Branch Manager (only disclosing the name of the employee where necessary)	Name: Sam Michaelson Date: Dec 5 Informed by: Matthew MacDonald						
4c	In consultation with the Branch Manager, consider whether the Deputy City Manager should be informed of the confirmed case in a particular section (without disclosing the name of the employee)	<table border="1"> <tr> <td></td><td>Yes</td><td>x</td><td>No</td><td></td><td>N/A</td></tr> </table> Name: Date: Informed by:		Yes	x	No		N/A
	Yes	x	No		N/A			
4d	Inform the Union (without disclosing the name of the employee or close contacts) (Director Responsibility or delegated)	Name: Union President Name Date: Dec 5 Informed by: Director, Matthew MacDonald						
4e	In consultation with the Director, consider whether a communications representative should be notified (e.g. when the confirmed employee is public facing or when there is potential workplace transmission). Contacts can be found on page 6 along with additional information: COVID-19 Positive Test Response & Communications Process 780-423-5956 After Hours	<table border="1"> <tr> <td></td><td>Yes</td><td>x</td><td>No</td><td></td><td>N/A</td></tr> </table> Name: Phone: Date:		Yes	x	No		N/A
	Yes	x	No		N/A			

4f	Is an Issue Briefing to ELT/Council required? (Area Branch Manager works with Communications and Workforce Safety and Employee Health to prepare an Issues Briefing for Council and ELT <i>if there is a concern regarding a risk to the public.</i>)	<div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> x <input type="checkbox"/> No <input type="checkbox"/> N/A </div>
		If yes, who is delegated to create it? *Hyperlink document if applicable

5	Workforce Safety and Employee Health Representative	
5a	Responding Safety Team Member name	Jamie Melnyk
5b	Client/Business Area Safety Team Member name	Jamie Melnyk
5c	Client/Business Area OH&S Director	Dusty Schlitter

Resources:

1. [COVID-19 Positive Test Response & Communications Process](#)- Review for specific scenarios.
2. An inspection by OH&S or AHS may occur after an incident, refer to the [AB OHS Officer COVID Inspection Checklist](#) to ensure all relevant information is available.