

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Employees

High Risk: **CONFIRMED** COVID-19 case



Employee tests positive for COVID-19



Employee accountabilities:

- Immediately notify manager via email/phone call
- Immediately self-quarantine at home
- Report the following:
 - Date of onset of symptoms
 - All work locations (buildings, floors, offices) in 14 days prior to onset of symptoms
 - Names and dates of all employees with whom there was close contact*
 - Names and dates of all employees with incidental contact*
- Contact physician; follow physician's directions
- Employee may not return until s/he is free of all symptoms for 72 hours. A medical certification may be required prior to return to work.

High Risk: **PRESUMED** COVID-19



There is a presence of COVID-19 symptoms including, cough, fever and shortness of breath, and the employee has received a negative test for influenza (Strong likelihood of exposure)



Employee accountabilities:

- Immediately notify manager via email/phone call
- Immediately self-quarantine at home
- Report the following:
 - Date of onset of symptoms
 - All work locations (buildings, floors, offices) in 14 days prior to onset of symptoms
 - Names and dates of all employees with whom there was close contact*
 - Names and dates of all employees with incidental contact*
- Contact physician; follow physician's directions
- Employee may not return until s/he is free of all symptoms for 72 hours. A medical certification may be required prior to return to work.

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Management

High Risk: **CONFIRMED** COVID-19



Employee tests positive for COVID-19



Management Will:

- Forward notification to HR, Director of Risk Management, and Director of Safety
- Notify 'close contact' employees/customers of potential exposure; send home for 14-day self-quarantine; cc LOA@ACCOes.com and VPHR
- Notify 'incidental contact' employees/customers of potential exposure
- Coordinate deep clean of location(s) with Risk and Facilities
- Refer to HR/Safety for employee final return to work approval

High Risk: **PRESUMED** COVID-19



There is a presence of COVID-19 symptoms including, cough and fever and shortness of breath, and the employee has received a negative test for influenza (Strong likelihood of exposure)



Management Will:

- Forward notification to VPHR, Director of Risk Management, and Director of Safety
- Notify 'close contact' employees/customers of potential exposure; send home for 14-day self-quarantine; cc LOA@ACCOes.com and VPHR
- Notify 'incidental contact' employees/customers of potential exposure
- Coordinate deep clean of location(s) with Risk and Facilities
- Refer to HR/Safety for employee final return to work approval



Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Human Resources

High Risk: **CONFIRMED** COVID-19



Employee tests positive for COVID-19



HR accountabilities:

- HR to record Confirmed COVID-19 case and self-quarantined employees
- Satisfy Leave of Absence needs and requirements
- Follow-up on return-to-work situations 2 days prior to expiration of 14-day period
- HR to provide final return to work approval

High Risk: **PRESUMED** COVID-19



There is a presence of COVID-19 symptoms including, cough and fever and shortness of breath, and the employee has received a negative test for influenza (Strong likelihood of exposure)



HR accountabilities:

- HR to record Confirmed COVID-19 case and self-quarantined employees
- Satisfy Leave of Absence needs and requirements
- Follow-up on return-to-work situations 2 days prior to expiration of 14-day period
- HR to provide final return to work approval

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for RISK & Facilities Team

High Risk: **CONFIRMED** COVID-19



Employee tests positive for COVID-19



Risk/Facilities accountabilities:

- Arrange location deep clean if employee was in the office for an extended period
- Notify management of completion and date for general workforce return

High Risk: **PRESUMED** COVID-19



There is a presence of COVID-19 symptoms including, cough and fever and shortness of breath, and the employee has received a negative test for influenza (Strong likelihood of exposure)



Risk/Facilities accountabilities:

- Arrange location deep clean if employee was in the office for an extended period
- Notify management of completion and date for general workforce return

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for HR/RISK/SAFETY TEAMS

High Risk: **CONFIRMED** COVID-19



Employee tests positive for COVID-19



Questions to ask employee:

HR, Director of Risk Management, Director of Safety to ask the following:

1. When did symptoms begin?
2. Can you determine where/when you may have been exposed to COVID-19? Were either our customers or other employees involved?
3. During the 14 days prior to your symptoms beginning, where did you go within our workplaces?
4. During the 14 days prior to your symptoms beginning, where did you go within our customers' workplaces?
5. Have you been self-isolating?
6. Have you been practicing frequent hand-hygiene while in our, and our customers' workplaces?
7. Have you been practicing 6 foot social distancing?
8. Who have you spent prolonged time with in an indoor/enclosed area, with less than 6 feet of social distancing?
9. Where, specifically, did these prolonged interactions occur?
10. When, specifically, did these prolonged interactions occur?

High Risk: **PRESUMED** COVID-19



There is a presence of COVID-19 symptoms including, cough and fever and shortness of breath, and the employee has received a negative test for influenza (Strong likelihood of exposure)



Questions to ask employee:

HR, Director of Risk Management, Director of Safety to ask the following:

1. When did symptoms begin?
2. Can you determine where/when you may have been exposed to COVID-19? Were either our customers or other employees involved?
3. During the 14 days prior to your symptoms beginning, where did you go within our workplaces?
4. During the 14 days prior to your symptoms beginning, where did you go within our customers' workplaces?
5. Have you been self-isolating?
6. Have you been practicing frequent hand-hygiene while in our, and our customers' workplaces?
7. Have you been practicing 6 foot social distancing?
 - Who have you spent prolonged time with in an indoor/enclosed area, with less than 6 feet of social distancing?

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Employees

Medium Risk

Employee had contact with someone with a confirmed COVID-19 case. The contact was prolonged, without barriers, and within 6 feet proximity, or the employee had contact with respiratory secretions (e.g., an uncovered sneeze or cough) from someone with a confirmed COVID-19 case, or Employee had 1st-hand contact with someone who has COVID-19-like symptoms who works in a healthcare facility treating COVID-19 cases.

Employee accountabilities:

- Notify manager via email/phone call
- Disinfect physical surfaces in workplace or jobsite as applicable
- Contact physician; follow physician's directions

If no COVID-19 symptoms:

- 14-day self-isolate at home
- Self-monitor for symptoms

Report the following:

- Date of onset of symptoms
- All work locations (buildings, floors, offices) since the potential exposure
- Names and dates of all employees with whom employee had close contact*
- COVID-19 test results, if tested

Employee may return to workplace at end of 14-day period if s/he has been free of all symptoms for at least 72 hours. A medical certification may be required prior to return to work.

Low Risk

Employee had no physical contact, no prolonged interaction within less than 6 feet, with an employee with COVID-19-like symptoms, or
Employee had contact that is 2 or more instances removed (someone who was in contact with someone who was in contact with someone).

Employee accountabilities:

- Disinfect physical surfaces in workplace
- Self-monitor for symptoms
- Notify manager if COVID-19-like symptoms develop and/or employee tests positive for COVID-19

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Description Management

Medium Risk



Employee had contact with someone with a confirmed COVID-19 case. The contact was prolonged, without barriers, and within 6 feet proximity, or the employee had contact with respiratory secretions (e.g., an uncovered sneeze or cough) from someone with a confirmed COVID-19 case, or Employee had 1st-hand contact with someone who has COVID-19-like symptoms who works in a healthcare facility treating COVID-19 cases.



Management will:

- Forward notification to HR, Director of Risk Management, Director of Safety
- Notify 'close contact' employees/customers of potential exposure; send home for 14-day self-isolation; cc HR
- Notify 'incidental contact' employees/customers of potential exposure and low risk
- Coordinate deep clean of location(s) with Risk and Facilities
- Refer to HR/Safety for employee final return to work approval

Low Risk



Employee had no physical contact, no prolonged interaction within less than 6 feet, with an employee with COVID-19-like symptoms,
or
Employee had contact that is 2 or more instances removed (someone who was in contact with someone who was in contact with someone).



Management will:

Manager to Ask Employee questions found in “Question” section of this diagram. If 'Yes' to ANY of the questions, the Manager is to notify HR, Director of Risk Management, Director of Safety and email the and await information on next steps.

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Human Resources

Medium Risk

Employee had contact with someone with a confirmed COVID-19 case. The contact was prolonged, without barriers, and within 6 feet proximity, or the employee had contact with respiratory secretions (e.g., an uncovered sneeze or cough) from someone with a confirmed COVID-19 case, or Employee had 1st-hand contact with someone who has COVID-19-like symptoms who works in a healthcare facility treating COVID-19 cases.

HR accountabilities:

- HR to record Confirmed COVID-19 case and self-quarantined employees
- Satisfy Leave of Absence needs and requirements
- Follow-up on return-to-work situations 2 days prior to expiration of 14-day period
- HR to provide final return to work approval

Low Risk

Employee had no physical contact, no prolonged interaction within less than 6 feet, with an employee with COVID-19-like symptoms, or Employee had contact that is 2 or more instances removed (someone who was in contact with someone who was in contact with someone). Contact may be momentary, or with more than 6 feet of physical separation.

HR accountabilities:

NA

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions for Risk & Facilities Team

Medium Risk

Employee had contact with someone with a confirmed COVID-19 case. The contact was prolonged, without barriers, and within 6 feet proximity, or the employee had contact with respiratory secretions (e.g., an uncovered sneeze or cough) from someone with a confirmed COVID-19 case, or Employee had 1st-hand contact with someone who has COVID-19-like symptoms who works in a healthcare facility treating COVID-19 cases.

Risk/Facilities accountabilities:

- Arrange location deep clean if employee was in the office for an extended period
- Notify management of completion and date for general workforce return

Low Risk

Employee had no physical contact, no prolonged interaction within less than 6 feet, with an employee with COVID-19-like symptoms, or Employee had contact that is 2 or more instances removed (someone who was in contact with someone who was in contact with someone). Contact may be momentary, or with more than 6 feet of physical

Risk/Facilities accountabilities:

NA

Company Name – COVID FLOWCHART DIAGRAM

Situation Descriptions: Question to Address Medium/Low Exposure

Medium Risk

Employee had contact with someone with a confirmed COVID-19 case. The contact was prolonged, without barriers, and within 6 feet proximity, or the employee had contact with respiratory secretions (e.g., an uncovered sneeze or cough) from someone with a confirmed COVID-19 case, or Employee had 1st-hand contact with someone who has COVID-19-like symptoms who works in a healthcare facility treating COVID-19 cases.

Questions to ask employee:

HR/Director of Risk Management/Director of Safety to ask the following:

1. When did symptoms begin?
2. Can you determine where/when you may have been exposed to COVID-19? Were either our customers or other employees involved?
3. During the 14 days prior to your symptoms beginning, where did you go within our workplaces?
4. During the 14 days prior to your symptoms beginning, where did you go within our customers' workplaces?
5. Have you been self-isolating?
6. Have you been practicing frequent hand-hygiene while in our, and our customers' workplaces?
7. Have you been practicing 6 foot social distancing?
8. Who have you spent prolonged time with in an indoor/enclosed area, with less than 6 feet of social distancing?
9. Where, specifically, did these prolonged interactions occur?
10. When, specifically, did these prolonged interactions occur?

Low Risk

Employee had no physical contact, no prolonged interaction within less than 6 feet, with an employee with COVID-19-like symptoms, or
Employee had contact that is 2 or more instances removed (someone who was in contact with someone who was in contact with someone).
Contact may be momentary, or with more than 6 feet of physical separation.

Questions to ask employee:

Manager to ask employee the following:

1. Have you been diagnosed with, or are suspected to have, COVID-19? Y/N
2. In the last two weeks, have you been in close contact with someone who's been confirmed to have, or is suspected to have, COVID-19? Y/N
3. In the last two weeks, have you or a member your household traveled to a location designated by the CDC as a Level 3 Travel risk (As of March 11, 2020, this includes China, Iran, Italy, and South Korea)? Y/N
4. In the last two weeks, have you been in close contact with someone (including household members), who's been in Hubei Province, China? Y/N
5. In the last two weeks, have you been under self-quarantine due to potential or confirmed exposure to COVID-19? Y/N
6. Are you currently experiencing symptoms consistent with COVID-19 (including, cough and fever and shortness of breath, and the employee has received a negative test for influenza)? Y/N

If yes to ANY of the above, the Manager is to notify HR, Director of Risk Management, Director of Safety and email the and await information on next steps.

