APPENDIX H: INVESTIGATING COVID-19 CASES

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by the District will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date: ___________________________

Name of person conducting the investigation: ____

COVID-19 affected person's* NAME:	JOB TITLE (for any non-employee: the REASON they were at District site):
DATE and TIME the COVID-19 affected person was LAST PRESENT in the workplace:	CURRENT STATUS of COVID-19 TESTING for affected person (select one): ☐ Planned (Date:__________) ☐ Taken (Date:__________) ☐ Not planned ☐ Not known
LOCATION where COVID-19 case worked and/or was PRESENT (circle one): CCC DVC LMC BRTWD SRC DO	SPECIFIC BUILDING(S) and/or AREA(s):
NAME(S) of STAFF INVOLVED in this INVESTIGATION:	DATE this INVESTIGATION was INITIATED:

INFORMATION RECEIVED regarding COVID-19 TEST RESULTS and ONSET OF SYMPTOMS (attach any documentation):			
DATE the affected person first had one or more COVID-19 SYMPTOMS (if applicable / known):	SYMPTOMS reported by AFFECTED PERSON (check all that apply):		
	☐ Fever or chills ☐ Headache ☐ Shortness of breath ☐ Congestion ☐ Fatigue	☐ Cough ☐ Muscle or body aches ☐ Sore throat ☐ Runny nose ☐ Diarrhea	☐ Difficulty Breathing ☐ New loss of taste or smell ☐ Nausea ☐ Vomiting

Contra Costa Community College District
pathways to success

CONTRA COSTA COMMUNITY COLLEGE DISTRICT
STATE OF CALIFORNIA DECEMBER 14, 1948
FOUNDED, DECEMBER 14, 1948

<table>
<tr><td colspan="2">DATE that COVID-19 TEST RESULT and/or diagnosis was PROVIDED to AFFECTED PERSON
(if applicable / known)</td><td colspan="2">DATE that COVID-19 TEST RESULT and/or diagnosis was PROVIDED to DISTRICT
(if applicable)</td></tr>
<tr><td colspan="4">NOTICE GIVEN (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the POTENTIAL COVID-19 EXPOSURE to ALL PARTIES IDENTIFIED on the following page:</td></tr>
<tr><td rowspan="2">All EMPLOYEES who may have had COVID-19 EXPOSURE) and their AUTHORIZED REPRESENTATIVES / LABOR UNIONS

[see Appendix G and H, COVID-19 Return to Worksites Operational Plan]</td><td>DATE:</td><td colspan="2">METHOD of WRITTEN NOTICE:
☐ E-mail ☐ Personal delivery</td></tr>
<tr><td colspan="3">NAMES:</td></tr>
<tr><td rowspan="2">All INDEPENDENT CONTRACTORS and OTHER EMPLOYERS who may have had COVID-19 EXPOSURE

[see Appendix I, COVID-19 Return to Worksites Operational Plan]</td><td>DATE:</td><td colspan="2">METHOD of WRITTEN NOTICE:
☐ E-mail ☐ Personal delivery</td></tr>
<tr><td colspan="3">NAMES:</td></tr>
<tr><td rowspan="2">All STUDENTS who may have had COVID-19 EXPOSURE

[see Appendix J, COVID-19 Return to Worksites Operational Plan]</td><td>DATE:</td><td colspan="2">METHOD of WRITTEN NOTICE:
☐ E-mail ☐ Personal delivery</td></tr>
<tr><td colspan="3">NAMES:</td></tr>
<tr><td>Were COUNTY Health OFFICIALS NOTIFIED (if 3 or more confirmed cases within 14 days)?
☐ Yes ☐ No</td><td colspan="2">BY WHOM?
☐ Risk Manager ☐ VP Business ☐ Police Chief
☐ Other:</td><td>DATE:</td></tr>
</table>

IDENTIFICATION and CORRECTION of NEWLY DISCOVERED COVID-19 HAZARDS: What were the workplace conditions that could have contributed to this COVID-19 exposure?	
HAZARD NAME	DESCRIBE the NATURE and LOCATION of any SPECIFIC EXPOSURE(S) which appears to have LED TO THIS CASE:

What could be done to reduce exposure to COVID-19?		
EXISTING or PROPOSED CONTROL which might have PREVENTED THIS CASE	PERSON ASSIGNED to IMPLEMENT or IMPROVE this CONTROL	DATE CORRECTED and/or NOTES (if applicable)

ONCE INVESTIGATION IS COMPLETE, PLEASE SCAN AND EMAIL THIS FORM TO **JERRY JOHNSON** at: jjohnson@4cd.edu. SEND ORIGINAL IN CONFIDENTIAL DISTRICT MAIL TO RISK MANAGEMENT.