

Facility COVID-19 Reporting Form

CCPH OB Lead:				State EPI:			
Date:		Time: <input type="checkbox"/> am <input type="checkbox"/> pm		Completed by:			
Initial contact name:				Position:			
Facility Name:				Facility Fax #:			
Facility Address:							
Point of Contact:				Position:			
Email Address:				Phone #:			
First Onset of Illness:		Date:		Most Recent Onset of Illness:		Date:	
Employee information:							
# of employees:				# of employees tested and/or pending:			
# of ill employees:				Ill Staff excluded from work? <input type="checkbox"/> Y <input type="checkbox"/> N (Recommendation: 24 hrs, no sx)			
Do you use agency/contract staff? <input type="checkbox"/> Y <input type="checkbox"/> N				What agencies?:			
Name of ill Employees							
Name / OID		County of Residence	DOB	Location in facility	Shift	SX onset	Last Day Worked
Physical Description of Facility:							
# of buildings:			# of bathrooms:		Narrative:		
# of lines/work areas:			Total # of wings:				
Control Measures: In place since - Date:							
<input type="checkbox"/> Symptom monitoring of staff		<input type="checkbox"/> Increased cleaning and sanitizing of high touch surfaces		<input type="checkbox"/> Closure of lunch/breakroom			
<input type="checkbox"/> Minimum 6ft. social distancing maintained		<input type="checkbox"/> Adequate handwashing facilities		<input type="checkbox"/> Staff cohorting/shift overlap			
<input type="checkbox"/> Alternatives to social distancing (ie Plexiglas barriers, increased ventilation)		<input type="checkbox"/> Frequent employee handwashing (access and time)		<input type="checkbox"/> No staff carpooling			
<input type="checkbox"/> Masking for all employees				<input type="checkbox"/> Post educational signs			
<input type="checkbox"/> Hand hygiene, cough etiquette				<input type="checkbox"/> Educate workforce about coronavirus			
				<input type="checkbox"/> Utilizing paid leave outside of sick time			
Any limitations or concerns around implementing control measures?							
Notes:							
Control measures:							
•							
Recommended to employer:							
•							
Included in email to employer:							
• Employer toolkit							
• Employee exposure notification letter							
Progress Notes:							
Action		Date		Who			