

COVID-19 Outbreak Reporting for Businesses

April 2021

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Definitions

Excerpted from the Cal/OSHA “COVID-19 Emergency Temporary Standards Frequently Asked Questions” <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>, the [full approved text of the ETS](#), and California Department of Public Health’s (CDPH’s) “Employer Questions about AB 685, California’s New COVID-19 Law,” dated 10/16/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Employer-Questions-about-AB-685.aspx>

COVID-19: Coronavirus disease, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

COVID-19 case (or case): A person who:

- (1) Has a positive “COVID-19 test” (a viral test for SARS-CoV-2 that is approved by the FDA or has an Emergency Use Authorization [EUA] from the FDA to diagnose current infection with the SARS-CoV-2 virus, and administered in accordance with the FDA approval or EUA);
- (2) Is diagnosed with COVID-19 by a licensed health care provider;
- (3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (4) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

COVID-19 contact (or contact): Anyone who was within 6 feet of a COVID-19 case for a cumulative total of 15 minutes within any 24-hour period during the COVID-19 case’s “high risk exposure period.”

COVID-19 exposure: Being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings. *Consider work area(s) as well as where they eat lunch or take breaks.*

COVID-19 symptoms: Fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

Close contact: Being within 6 feet of a COVID-19 case for a cumulative total of 15 minutes within any 24-hour period during the COVID-19 case’s “high risk exposure period.”

Exposed workplace: An exposed workplace is a work location, working area, or common area used or accessed by a COVID-19 case during the high-risk exposure period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. Exposed workplace does NOT include buildings or facilities not entered by a COVID-19 case. When determining which areas constitute a single “exposed workplace” for purposes of enforcing testing requirements, Cal/OSHA does not expect employers to treat areas where masked workers momentarily pass through the same space without interacting or congregating as an “exposed workplace,” so they may focus on locations where transmission is more likely.

Exposure event: Term being used in CDPH/HHSA’s contact tracing management system for tracking investigations of exposures/outbreaks at specific locations; reflects time period infectious case(s) were at a specific location. Business will be given the Exposure Event number for their exposure/outbreak for reporting purposes.

High risk exposure period:

- For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.
- For persons who test positive but never develop COVID-19 symptoms, from two days before until ten days after the specimen for their first positive test for COVID-19 was collected.

Infectious period: See high risk exposure period

Outbreak: Three or more COVID-19 cases in an “exposed workplace” within a 14-day period.

Return-to-work criteria for COVID-19 case:

- For employees with symptoms **all** of these conditions must be met:
 1. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
 2. COVID-19 symptoms have improved; and
 3. At least 10 days have passed since COVID-19 symptoms first appeared
- For employees without symptoms, at least 10 days have passed since the COVID-19 case’s first positive test
- If a licensed health care professional determines the person is not/is no longer a COVID-19 case, in accordance with California Department of Public Health (CDPH) or HHS recommendations

Return-to-work criteria for COVID-19 contact (employee exposed to COVID-19 case):

Employees with COVID-19 exposure may return to the workplace 10 days after the last known COVID-19 exposure. A negative test is not required to return to work.

COVID-19 Business Reporting Requirements (AB 685, California Department of Public Health [CDPH] and Yolo County Health and Human Services Agency (HHS))

Modified from California Department of Public Health's "Employer Questions about AB 685, California's New COVID-19 Law," dated 10/16/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Employer-Questions-about-AB-685.aspx>

What public health agency do I report COVID-19 outbreaks to in Yolo County?

- Yolo County employers must report COVID-19 outbreaks to the Yolo County Health and Human Services Agency – Community Health Branch).

When am I required to report COVID-19 cases to HHS?

- Under California Department of Public Health ("[Responding to COVID-19 in the Workplace for Employers](#)") and Cal/OSHA standards, you **must** report COVID-19 outbreaks in Yolo County to HHS. **For non-healthcare workplaces, this is defined as 3 or more COVID-19 cases among workers at the same worksite within a 14-day period.**
- Once this threshold is met, **you have 48 hours** to report to HHS if the worksite is located in Yolo County.
- You also must continue to notify HHS of additional COVID-19 cases identified among workers at the worksite.
- All public and private employers in California must follow the AB 685 reporting requirements except health facilities (as defined in [Health & Safety Code section 1250](#)) and employers of workers who provide direct care or testing to individuals with suspected or confirmed COVID-19.

What information should I report to the local health department?

1. Information about the worksite – name of company/institution, business address, and North American Industry Classification System (NAICS) industry code (if not known, please indicate type of business i.e. restaurant, manufacturing, office, retail).
2. Names and occupations of workers with COVID-19.
3. Additional information requested by the local health department as part of their investigation.

For Yolo County, this additional information includes:

Information to assist with case and contact investigation both within the workplace and for the household and community:

- Dates of birth, addresses and phone numbers of workers with COVID-19 ("cases")
- Symptom and testing information, as available
- Dates and locations worked while infectious
- Name, dates of birth, addresses, and phone numbers of workers who were close contacts to the cases and date last exposed

Information to assist with determination of existence of outbreak at worksite and need for additional public health recommendations

- Affected areas (e.g., departments, rooms, floors, etc.)
- Number of cases in each affected area
- Total number of employees in each affected area
- Total number of employees at worksite

How do I report COVID-19 cases and outbreaks to HHS?

- **Reporting business cases and outbreaks to HHS is a two-step process. The report is not considered complete until both steps are done:**
 - Step 1: Complete and submit the [SPOT Intake Form](#). Do NOT include personally identifiable information (PII) or health information unless the email is secured.
 - Step 2: Enter worker case and close contact information in the secure Shared Portal for Outbreak Tracking (SPOT). You will receive an email/link upon completion of Step 1.
- See pages 7-15 of this guide for more details.

Other Required COVID-19 Response Actions for Businesses

- **AB 685 requires employers to notify employees (and their authorized representatives) who may have been exposed to COVID-19 within one business day.** For details of what information must be provided, how and when, see California Department of Public Health’s “Employer Questions about AB 685, California’s New COVID-19 Law,” dated 10/16/2020 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Employer-Questions-about-AB-685.aspx>, or the [AB 685 bill text](#).
- **The Cal/OSHA COVID-19 emergency temporary standard (ETS) requires that an employer develop a written COVID-19 Prevention Program or ensure its elements are included in an existing Injury and Illness Prevention Program (IIPP).** For full details, see the Cal/OSHA “COVID-19 Emergency Temporary Standards Frequently Asked Questions” <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>, or the [full approved text of the ETS](#).
Some key requirements include:
 - **Employers must investigate and respond to a COVID-19 case by:**
 - Excluding from the workplace employees who test positive for COVID-19
 - Determining when the COVID-19 case was last in the workplace, and if possible the date of testing and onset of symptoms
 - Determining which employees may have been exposed to COVID-19 and excluding those with close contact
 - Offering testing to potentially exposed employees at no cost and during working hours.
 - Following return-to-work criteria for cases and contacts.
 - *See ETS for additional requirements.*
 - **In addition, during an outbreak (three or more COVID-19 cases in an “exposed workplace” within a 14-day period or identified as an outbreak by a local health department), employers must:**
 - Immediately provide testing to all employees in the exposed workplace and exclude positive cases and exposures from work; repeat the testing one week later (no earlier than 7 Days); and
 - Continue testing employees at least weekly until the workplace no longer qualifies as an outbreak.
 - **In addition, in a major outbreak (20 or more COVID-19 cases in an “exposed workplace” within a 30-day period), employers must:**
 - Provide testing to all employees in the exposed workplace at least twice weekly and exclude positive cases and exposures until there are no new cases detected for a 14-day period;
 - Implement ventilation changes to mechanical ventilation systems including increasing filtration efficiency to at least MERV-13, or the highest efficiency compatible with the ventilation system.
 - Evaluate whether HEPA air filtration units are needed in poorly ventilated areas;
 - Determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards; and
 - Consider halting all or part of operations to control the virus.
- **Personal identifying information of COVID-19 cases or person with COVID-19 symptoms shall be kept confidential (with the exception that unredacted information on COVID-19 cases will be provided to the local health department.**

Business Reporting SPOT Intake Form (Step 1)

Instructions to Business:

Reporting outbreaks to the Yolo County Health and Human Services Agency (HHSA) to fulfill the Cal/OSHA, AB 685, and California Department of Public Health (CDPH) requirements to report to local health departments is a two-step process. **The report is not considered complete until both steps are done.** *Note, this process may be used for reporting individual cases, however a new form should NOT be sent for each case once the location account is set up.*

- 1. Complete the SPOT Intake Form and submit all required information.** The form will be reviewed by Yolo County HHSA's Outbreak team for review. **Do NOT include any case (employee) names or personal confidential information on this form.** Once the SPOT Intake Form is received, our Outbreak team will assign an Exposure Event number associated with your outbreak upon review. Your facility's designated Workplace Liaison (see below) will then receive an email from SPOT (Shared Portal for Outbreak Tracking) calconnect_donotreply@cdph.ca.gov with instructions on how to login to the account for your business location and enter the information about the workers with COVID-19 and their contacts into the SPOT, a secure portal for reporting outbreaks/COVID cases) that we are using in conjunction with CDPH.
- 2. Enter the worker case and close contact information associated with this outbreak into SPOT.** If additional cases associated with this outbreak occur later, you should enter this information directly into SPOT and **should not resend the SPOT Intake Form unless reporting a new outbreak, worksite or location.**

HHSA staff may call you to obtain additional information or provide public health recommendations for management of the outbreak. **Please complete all the fields in the SPOT Intake Form. Instructions to complete are found below in Business Reporting (STEP 1) Instructions. Please also review the SPOT Instructions Business Reporting (STEP 2) to minimize later requests for additional information.** For more information about reporting business outbreaks, AB 685, and how to use SPOT, contact YoloCOVIDReporting@yolocounty.org.

To complete the SPOT Intake Form, open the link below and complete and submit.

<https://cdph.force.com/SPOT/s/IntakeForm>

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Business Reporting SPOT Intake Form (Step 1) Instructions

Version 01.22.2021

The SPOT Intake Form is available online for businesses reporting a COVID-19 outbreak (or individual case) to Yolo County Health and Human Services COVID Response. Reporting is not considered complete until the Intake Form is submitted **AND** the employee case (and contact) information is entered into the secure Shared Portal for Outbreak Tracking (SPOT). **Any personally identifiable information (PII) or health information should be entered into SPOT directly or, if asking a question, sent by secure email.**

Fields to be entered in the SPOT Intake Form

Key Point of Contact

(this information will let the county know who to register as a liaison in the SPOT portal)

- First Name
- Last Name
- Email
- Phone Number
- Title/Role

Additional Point of Contact

This there is someone other than the person mentions above with whom we may contact about the exposure. Enter their information in this section.

- First Name
- Last Name
- Email
- Phone Number
- Title/Role

Location of the Exposure

Name and address of the business facility or site where the exposure took place.

- Location Name
- Location Type
- Address
- Street
- City
- Zip/Postal Code
- State

Main Business Information

Details on the main business location is it is different than the above.

- Location Name
- Location Type
- Address
- Street
- City
- Zip/Postal Code
- State

Exposure Information

Enter the information about the exposure you are reporting.

- Start Date of Exposure
- Specific Place in the Location
- Number of COVID-19 Positive Cases
- Number of Close Contacts
- Total Number of People at the Location
- NAICS Code of the Workplace
- Reason for Report
- Reason for Report – Other
- Notes

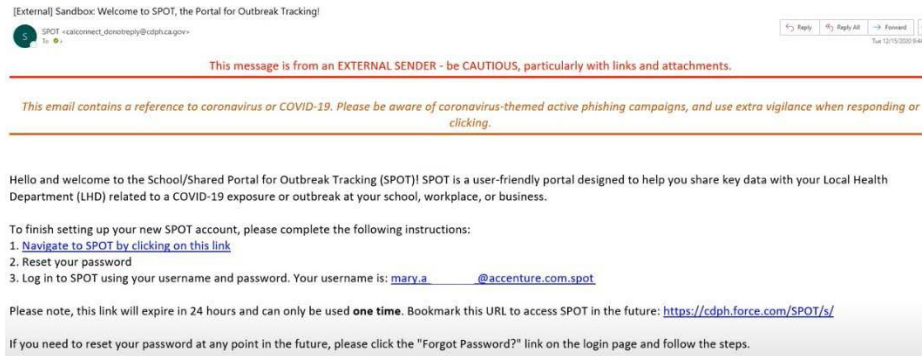
For any questions on how to complete the *SPOT Intake Form*, please contact the COVID Response team at YoloCOVIDReporting@yolocounty.org or call the Yolo County COVID Provider Line: (530) 666-8614 Monday-Friday 8:00 a.m. to 5:00 p.m.

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Business Reporting (Step 2)

Shared Portal for Outbreak Tracking (SPOT) Instructions

1. **See Business Reporting (Step 1) prior to proceeding with these Step 2 instructions. Be sure to indicate the person designated to enter info into SPOT as the Workplace (SPOT) Liaison.**
2. After submitting the SPOT Intake Form online using the weblink, the SPOT Liaison will receive a confirmation reply with the **Exposure Event number** associated with your worksite outbreak/exposure.
3. If it is your first report for this location, you (the designated Workplace Liaison for SPOT) will also receive the SPOT User Guide and a link to a brief training video.
 - **Review the *SPOT User Guide*, *SPOT Data Collection Fields*, and [SPOT Demo for Workplace Liaisons Video](#) prior to using SPOT for the first time.**
 - You will also receive an email from SPOT (calconnect_donotreply@cdph.ca.gov) with instructions on how to set up your new Shared Portal for Outbreak Tracking (SPOT) account. Remember, only one user account can be created per location.



4. Login to SPOT and **View Open Exposure Events** for your location. *See SPOT User Guide for step-by-step details. SPOT works best using a Chrome browser.*
5. **Enter Information for an Existing Exposure:** Enter information about workers who are cases as COVID-19 Cases and information about their close contacts as COVID-19 Contacts. *See SPOT Data Collection Fields for a list of information that will be requested. Please be sure to complete the requested KEY fields below in SPOT to minimize later requests for information from our investigators.*

Important things to remember

- Select the Exposure Event number provided to you for this specific exposure/outbreak
 - **Key fields to complete** (in addition to required First Name, Last Name, Phone Number, Occupation/Job Title)
 - Date of Birth
 - Home Address
 - Last Date Employee Was at Work site
 - Was case infectious while on site?
 - Work Area/Department
 - Work Shifts
 - Symptom onset date
 - Dates at workplace while infectious fields including Specific Place in Location (area where case was while infectious) and Potential Number of People Exposed
 - Test Date and Test Result
6. **Export Data** you have entered for your own records, if desired. The line list exports as a csv file.
 7. Reporting is complete once the *SPOT Intake Form* is submitted and all cases and close contacts have been entered in SPOT. An HHS investigator may contact you for more information or to provide additional public health recommendations to assist in managing the outbreak at your site.
 8. If additional cases occur related to this worksite outbreak, you may enter them directly into SPOT using the same exposure event number. **Please do NOT submit a new form each time.**
 9. If a new outbreak occurs at this location over 1 month after this one is over, you will need to submit a new *SPOT Intake Form* to get the new Exposure Event number prior to entering the cases and contacts.
 10. If a new outbreak occurs at a different worksite location, you will need to submit a new *SPOT Intake Form* get the new Exposure Event number prior to entering the cases and contacts.

For any questions on how to complete the SPOT Intake Form, please email YoloCOVIDReporting@yolocounty.org or call the Yolo County COVID Provider Line: (530) 666-8614 Monday-Friday 8:00 a.m. to 5:00 p.m.

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Shared Portal for Outbreak Tracking (SPOT) – User Guide

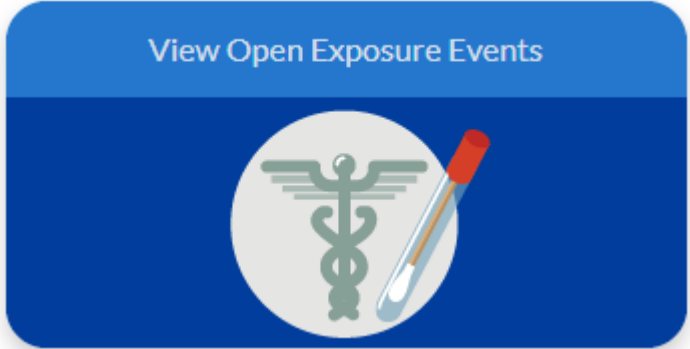
Please contact your local health department with any additional questions.

Overview: This Reference Guide explains how to use the Shared Portal for Outbreak Tracking (SPOT). This guide is organized by the menu options in SPOT:

1. View Open Exposure Events
2. Enter Information for an Existing Exposure
3. Export Data

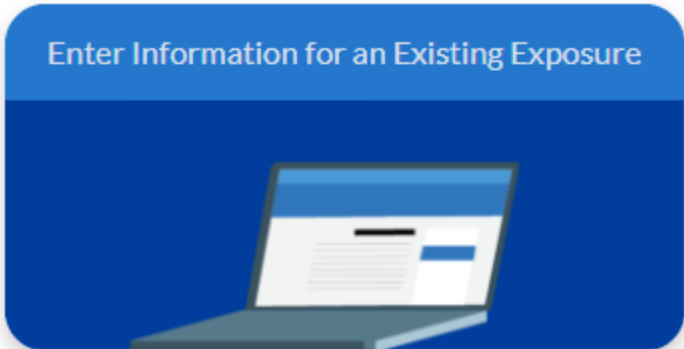
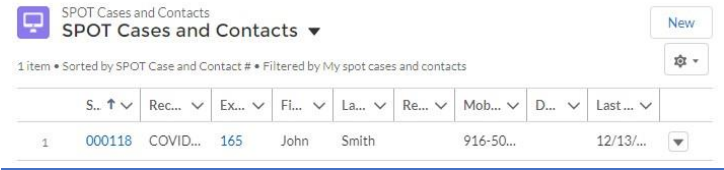
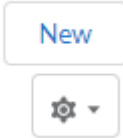
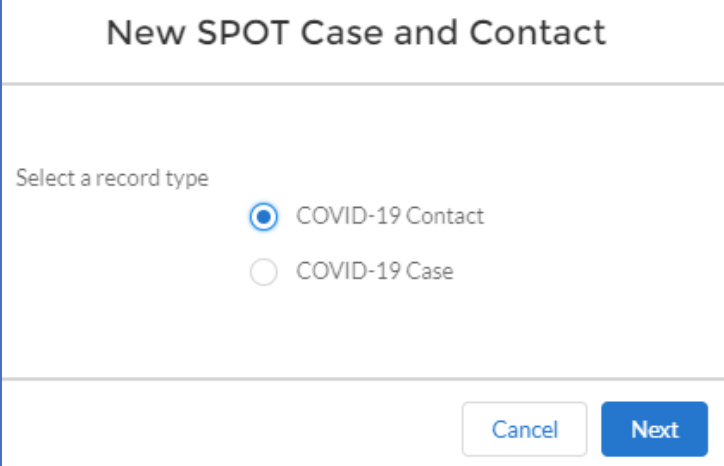
View Open Exposure Events

In this section, you can view all open Exposure Events in your workplace. You will need to know the Exposure Event Record # in order to enter information in SPOT about individuals who were involved in a COVID-19 exposure at your workplace.

Step	Action	reenshot												
1	Navigate to this section by clicking the View Open Exposure Events button on the home page or the link at the top of any page.													
2	On this page, you will see open Exposure Events in your workplace.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left; padding: 5px;">EXPOSURE EVENTS</th> </tr> <tr> <th style="width: 20%; padding: 5px;">Exposure Event Record #</th> <th style="width: 20%; padding: 5px;">Location</th> <th style="width: 30%; padding: 5px;">Specific Place in the Location</th> <th style="width: 30%; padding: 5px;">Start Date of Exposure Period</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">165</td> <td style="padding: 5px;">Main St Grill</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">12/1/2020, 12:00 PM</td> </tr> </tbody> </table>	EXPOSURE EVENTS				Exposure Event Record #	Location	Specific Place in the Location	Start Date of Exposure Period	165	Main St Grill		12/1/2020, 12:00 PM
EXPOSURE EVENTS														
Exposure Event Record #	Location	Specific Place in the Location	Start Date of Exposure Period											
165	Main St Grill		12/1/2020, 12:00 PM											
3	To view more details about a specific Exposure Event, click the number in the Exposure Event Record # column.	<div style="border: 1px solid #ccc; padding: 10px;"> <p>∨ Exposure Event Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid #ccc; padding: 5px;">Exposure Event Record # 165</td> <td style="width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Location Main St Grill</td> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Specific Place in the Location</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Location Type Food service/restaurant</td> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Indoors/Outdoors</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Local Health Jurisdiction Napa</td> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Status of Exposure Event Awaiting Outreach</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Start Date of Exposure Period 12/1/2020, 12:00 PM</td> <td style="border-bottom: 1px solid #ccc; padding: 5px;">Potential Number of People Exposed</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc; padding: 5px;">End Date of Exposure Period</td> <td></td> </tr> </table> </div>	Exposure Event Record # 165		Location Main St Grill	Specific Place in the Location	Location Type Food service/restaurant	Indoors/Outdoors	Local Health Jurisdiction Napa	Status of Exposure Event Awaiting Outreach	Start Date of Exposure Period 12/1/2020, 12:00 PM	Potential Number of People Exposed	End Date of Exposure Period	
Exposure Event Record # 165														
Location Main St Grill	Specific Place in the Location													
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Local Health Jurisdiction Napa	Status of Exposure Event Awaiting Outreach													
Start Date of Exposure Period 12/1/2020, 12:00 PM	Potential Number of People Exposed													
End Date of Exposure Period														

Enter Information for an Existing Exposure


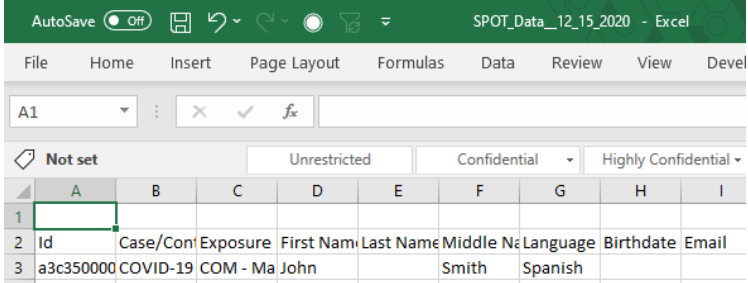
In this section, you can complete a form with key information about individuals who were involved in a COVID-19 exposure at your workplace. You can also view all information you have entered in SPOT.

Step	Action	reenshot
1	<p>Navigate to this section by clicking the Enter Information for an Existing Exposure button on the home page or the link at the top of any page.</p>	 <p>The screenshot shows a blue header with the text 'Enter Information for an Existing Exposure' and a laptop displaying a web interface below it.</p>
2	<p>On this page, you will see a list of all information you have entered in SPOT.</p>	 <p>The screenshot shows a table titled 'SPOT Cases and Contacts' with a 'New' button on the right. The table has columns for S., Rec., Ex., Fi., La., Re., Mob., D., and Last. A single row is visible with the following data: 1, 000118, COVID..., 165, John, Smith, 916-50..., 12/13/...</p>
3	<p>To enter in new information about an individual involved in an exposure at your workplace, select the New button on the right-hand side of the page.</p>	 <p>The screenshot shows a blue 'New' button and a gear icon below it.</p>
4	<p>Select the radio button according to whether the individual is a COVID-19 case (someone who has tested positive for COVID-19), or a COVID-19 contact (someone who has come in close contact with a COVID-19 case).</p> <p>Note that the information collected for Cases and Contacts will be slightly different. Click Next.</p>	 <p>The screenshot shows a form titled 'New SPOT Case and Contact'. It has a section 'Select a record type' with two radio buttons: 'COVID-19 Contact' (selected) and 'COVID-19 Case'. At the bottom, there are 'Cancel' and 'Next' buttons.</p>

<p>5</p>	<p>Enter information about the individual on the form</p> <ul style="list-style-type: none"> ❖ Required fields are marked with a red asterisk ❖ In the Exposure Event field, enter the Exposure Event Record # provided to you by the local health department, or select it from the menu that opens. 	<p style="text-align: center;">New SPOT Case and Contact: COVID-19 Contact</p> <hr/> <p>Personal Information</p> <p>* Exposure Event ⓘ <input type="text" value="165"/></p> <p>* First Name <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Birthdate ⓘ <input type="text" value=""/></p> <p>Gender ⓘ --None--</p> <p>Home Street Address <input type="text"/></p> <p>City <input type="text"/></p> <p>* Last Name <input type="text"/></p> <p>Language ⓘ --None--</p> <p>Email ⓘ <input type="text"/></p> <p>* Mobile Phone ###-###-#### ⓘ <input type="text"/></p> <p>Home Phone ###-###-#### ⓘ <input type="text"/></p>
<p>6</p>	<p>If you have more individuals you would like to enter, click Save & New to open a new form. If you are finished, click Save.</p>	<div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <input type="button" value="Cancel"/> <input type="button" value="Save & New"/> <input type="button" value="Save"/> </div>
<p>7</p>	<p>After clicking Save, you will see a summary view of the last form you completed.</p> <p>Click Enter Information for an Existing Exposure to return to the list of all information you have entered in SPOT.</p>	<p>Personal Information</p> <p>Exposure Event ⓘ 165</p> <p>First Name Noah</p> <p>Middle Name</p> <p>Birthdate ⓘ 12/14/1980</p> <p>Gender ⓘ Male</p> <p>Home Street Address</p> <p>Last Name Jones</p> <p>Language ⓘ Spanish</p> <p>Email ⓘ</p> <p>Mobile Phone ###-###-#### ⓘ 916-555-0000</p> <p>Home Phone ###-###-#### ⓘ</p>

Export Data

In this section, you can download a file containing all information you have entered in SPOT.

Step	Action	Screenshot
1	<p>Navigate to this section by clicking the Export Data button on the home page or the link at the top of any page.</p>	
2	<p>Click the button on this page to download a local copy of all information you have entered in SPOT.</p> <p>The file will download in CSV format.</p>	<p>Click the link below to download all information you have entered in SPOT.</p> <p>Export SPOT Data</p> 



Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Case

(modified in blue for Yolo County, 1/22/2021)

Personal Information

- Exposure Event * *(select Exposure Event number provided to you by email from your assigned investigator)*
- First Name *
- Middle Name
- Last Name *
- Birthdate **
- Language
- Email
- Mobile Phone * *(mobile phone preferred, if not available,, you may enter home phone here since required field)*
- Home Phone
- Resident County / LHJ ** *(at minimum, so we can have appropriate LHJ follow-up)*
- Home Street Address **
 - City ** *(**Preferred)*
 - State
 - Zip
- Hispanic
- Gender
- Race

Workplace Information

- Occupation/Job Title *
- Last Date Employee Was at Worksite **
- Employer Name
- Supervisor Name & Phone Number
- Supervisor Email Address
- Date entity notified of positive test
- Was case infectious while on site? **
- Work Area/Department **
- Work Shifts **

Infectious Period:

Cases are infectious from two days before they first develop symptoms until 10 days after symptoms first appeared, 24 hours have passed with no fever (without the use of fever-reducing medications), and symptoms have improved. For persons who test positive but never develop COVID-19 symptoms, they are infectious from two days before until ten days after the specimen for their first positive test for COVID-19 was collected. This is the same as what Cal/OSHA defines as the "high risk exposure period." See: <https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>

Symptom Information

- Ever Symptomatic
- Symptom Onset Date **
- Notes *(include other known potential sources infection, e.g. positive household member or relative)*



Shared Portal for Outbreak Tracking: Data Collection Fields

Dates at Workplace While Infectious

- Start Date/Time (1/5)
- End Date/Time (1/5)
- Specific Place in the Location (1/5) ** *"exposed workplace"*
- Potential Number of People Exposed (1/5) ** *number of people in that exposed workplace*
- Start Date/Time (2/5)
- End Date/Time (2/5)
- Specific Place in the Location (2/5)
- Potential Number of People Exposed (2/5)
- Start Date/Time (3/5)
- End Date/Time (3/5)
- Specific Place in the Location (3/5)
- Potential Number of People Exposed (3/5)
- Start Date/Time (4/5)
- End Date/Time (4/5)
- Specific Place in the Location (4/5)
- Potential Number of People Exposed (4/5)
- Start Date/Time (5/5)
- End Date/Time (5/5)
- Specific Place in the Location (5/5)
- Potential Number of People Exposed (5/5)

Exposed Workplace:

Work location, working area, or common area used or accessed by a COVID-19 case while infectious

<https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>

Lab Results (if known)

- Test Date **
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result **
- Test Result - Other
- Test Location

**Required fields*

***Fields requested to be completed by Yolo County businesses to minimize later requests for additional information by our investigators*



Shared Portal for Outbreak Tracking: Data Collection Fields

COVID-19 Contact *(if Tested Positive, enter as COVID-19 Case)*

Personal Information

- Exposure Event * *(select Exposure Event number provided to you by email from your assigned investigator)*
- First Name *
- Middle Name
- Last Name *
- Birthdate **
- Language
- Email
- Mobile Phone * *(if no mobile phone, you may enter home phone here since required field)*
- Home Phone
- Resident County / LHJ ** *(at minimum, so we can have appropriate LHJ follow-up)*
- Home Street Address **
 - City ** *(** preferred)*
 - State
 - Zip
- Hispanic
- Gender
- Race

Workplace Information

- Occupation/Job Title *
- Last Date Employee Was at Worksite **
- Employer Name
- Supervisor Name & Phone Number
- Supervisor Email Address
- Work Area/Department **
- Work Shifts **

Exposure Information

- Ever Symptomatic
- Symptom Onset Date
- Last Exposure Date * *last date contact was in area with case while case was infectious*
- Notes

**Required fields*

***Fields requested to be completed by Yolo County businesses to minimize later requests for additional information by our investigators*



Shared Portal for Outbreak Tracking: Data Collection Fields

Lab Results (if known)

- Test Date
- Specimen Source
- Specimen Source - Other
- Test Type
- Test Type - Other
- Test Result
- Test Result - Other
- Test Location

**Required fields*

***Fields requested to be completed by Yolo County businesses to minimize later requests for additional information by our investigators*

Resources

Information, guidance, templates and resources are subject to change. Please refer to referenced websites and portals for current information.

Business COVID-19 Requirements

AB 685:

- [AB 685 bill text](#)
- California Department of Public Health's "Employer Questions about AB 685, California's New COVID-19 Law," dated 10/16/2020
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Employer-Questions-about-AB-685.aspx>

California Department of Public Health (CDPH):

- [Responding to COVID-19 in the Workplace for Employers](#)

Cal/OSHA:

- "COVID-19 Emergency Temporary Standards Frequently Asked Questions"
<https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html>
- [Full approved text of the Emergency Temporary Standards](#)

Yolo County Business Toolkits: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/covid-19-business-toolkit>

- COVID-19 Outbreak Reporting Process for Businesses (*this document*)
- Reporting Forms and Instructions
 - Business COVID-19 Outbreak/Case Reporting Form (Step 1)
 - Business COVID-19 Outbreak/Case Reporting Form (Step 1) Instructions
 - Business COVID-19 Outbreak/Case Reporting (Step 2) – Shared Portal for Outbreak Tracking (SPOT) Instructions
 - Shared Portal (SPOT) User Guide
 - [SPOT Demo for Workplace Liaisons Video](#)
 - SPOT Data Collection Fields – Yolo County
 - SPOT Overview

General COVID-19 Guidance

CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx>

- Industry guidance to reduce risk: <https://covid19.ca.gov/industry-guidance/>
- [Employer Playbook for a Safe Reopening](#)
- [Blueprint for a Safer Economy](#)

Centers for Disease Control – Workplaces and Businesses:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>

- Yolo County COVID Main Page:

<https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/roadmap-to-recovery>

- Downloadable COVID Toolkits and other Resources:

- Businesses: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/covid-19-business-toolkit>

- Symptoms, Quarantine, and others: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-documents>
- Other Resources for Businesses & Worksites:
 - Template notification letters (included here in this guide)

BUSINESS NAME/LOGO

**Use this template to notify
employees who have been
identified as CLOSE
CONTACTS to a COVID-19
Case**

[DATE]

Dear Employee:

You have been identified as a close contact to a person with novel coronavirus (COVID-19) who was present at **[Facility]** on **[DATE]**. As a close contact, you are at increased risk of becoming infected with COVID-19 and should take measures to monitor yourself for illness and protect those around you from becoming infected.

Starting right away, you should do the following:

- Stay home (quarantine) until 10 days after last exposure, through **[DATE+10 days = End of QUARANTINE]**.
- For 14 days after last exposure, through **[DATE+14 days]**:
 - Maintain social distance (at least 6 feet) from others, to the extent possible, at all times.
 - Wear a cloth face covering at all times when within 6 feet of others.
 - Self-monitor for symptoms:
 - Check temperature twice a day
 - Watch for fever, cough, shortness of breath, and other signs/symptoms of COVID-19, such as chills, sore throat, muscle aches, diarrhea, or loss of sense of taste or smell. Additional symptoms may occur; see the attached “COVID-19: Know the Symptoms Flyer” for more information.
 - If any of these symptoms develop, stay home and call your health care provider for advice and to arrange testing (see <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing>)
 - Avoid contact with [people at higher risk for severe illness](#) from COVID-19.
- Notify your supervisor at your workplace should you become ill or test positive as we are monitoring illness from this exposure.

For more information, see the attached flyer on Isolation and Quarantine, or visit <https://www.yolocounty.org/Home/ShowDocument?id=65308>

For questions or concerns about this notice, please contact your facility's administrator: **[NAME/NUMBER]**.

**BUSINESS REPRESENTATIVE NAME
TITLE**

BUSINESS NAME/LOGO

[DATE]

**Use this template to notify
employees who have been
identified as CLOSE
CONTACTS to a COVID-19
Case**

Estimado empleado:

Usted ha sido identificado que tuvo contacto cercano con una persona positiva con el nuevo coronavirus (COVID-19) que estuvo presente en [Facility] en [DATE]. Como contacto cercano, usted tiene un mayor riesgo de infectarse con COVID-19 y debe tomar medidas para monitorear su enfermedad y proteger a quienes lo rodean para que no se infecten. Comenzando de inmediato, debe hacer lo siguiente:

- Manténgase en casa (cuarentena) hasta 10 días después de la última exposición, hasta el [DATE+10 days=End of QUARANTINE].
- Por 14 días después de tener contacto con una persona infectada hasta [DATE +14 days]:
 - Mantenga la distancia social (por lo menos 6 pies) de los demás en todo momento.
 - Deben usar un cubre boca en todo momento y mantener la distancia de 6 pies
 - Monitoree los síntomas:
 - Tómese la temperatura dos veces al día
 - Monitoree por fiebre, tos, dificultad para respirar y otros signos / síntomas de COVID-19, como escalofríos, dolor de garganta, dolores musculares, diarrea o pérdida del sentido del gusto u olfato. Pueden ocurrir síntomas adicionales; consulte el Folleto adjunto COVID-19: “Conozca los síntomas” para obtener más información.
 - Si desarrolla alguno de estos síntomas, quédese en casa y llame a su médico para que le aconseje y programe la prueba. (Visite: <https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing.>)
 - Manténgase alejado de [personas con mayor riesgo de enfermedades graves del COVID-19.](#)
- Notifique a su supervisor del trabajo, si se enferma o es positivo/a de COVID-19 porque estamos monitoreando los contagios por esta exposición.

Para obtener más información, consulte el folleto adjunto sobre cuarentena o visite <https://www.yolocounty.org/Home/ShowDocument?id=65308>. Si tiene preguntas o preocupaciones sobre este aviso, comuníquese con el administrador al [NAME/NUMBER].

**BUSINESS REPRESENTATIVE NAME
TITLE**

Use this template as needed to notify employees that may have been exposed at the workplace but who are NOT close contacts to a COVID- 19 Case

BUSINESS NAME/LOGO

[DATE]

Dear Employee:

This letter is to inform you that a person with novel coronavirus (COVID-19) was present at **[FACILITY]** on **[DATE]**. The risk of developing coronavirus infection from this exposure is low, but you should monitor yourself for symptoms of infection for 14 days after this exposure, through **[DATE+14 days]**. Signs and symptoms may include fever, chills, cough, shortness of breath, sore throat, fatigue, muscle aches, headache, diarrhea or loss of sense of taste or smell.

You do not need to be quarantined or do anything differently, but if you become feverish or develop any of the above symptoms, you should stay home and call your healthcare provider for advice, and arrange to get tested for COVID-19. See testing locations:

[https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing.\)](https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing.)

If you need medical care, call the health care provider first so that appropriate precautions can be taken. Please also let **[FACILITY]** know should you become ill as we are monitoring the illnesses from this exposure.

As a reminder, all Yolo County residents, unless exempt due to age or underlying health conditions, should be wearing a cloth face-covering while out in public and within 6 feet of others. Additionally, all residents should maintain at least 6 feet physical distance from others not in their household, not gather in groups, avoid mass gatherings, and wash their hands frequently to decrease the risk of transmission of COVID-19.

For more information, please see our website at:

<https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019>

For questions or concerns about this notice, please contact your facility's administrator:

[NAME/ NUMBER].

BUSINESS REPRESENTATIVE NAME TITLE

BUSINESS NAME/LOGO

[DATE]

Use this template as needed to notify employees that may have been exposed at the workplace but who are NOT close contacts to a COVID-19 Case

Estimado empleado:

Esta carta es para informarles que una persona con el nuevo coronavirus (COVID-19) estuvo presente en [FACILITY] entre las fechas [DATE]. El riesgo de desarrollar una infección por coronavirus debido a esta exposición es bajo. Pero deben monitorearse para detectar síntomas de la infección durante 14 días después de esta exposición, hasta [DATE+14 days]. Los síntomas pueden incluir fiebre, escalofrío, tos, dificultad para respirar, garganta irritada, fatiga, dolor muscular, dolor de cabeza, diarrea, pérdida del gusto o del olfato.

No necesitan estar en cuarentena ni hacer nada diferente, pero si tiene fiebre o desarrolla alguno de los síntomas anteriormente mencionados, deben quedarse en casa y llamar a su doctor para ser asesorados y hacerse la prueba de COVID-19.

Lugares a donde puede ir a hacer la prueba:

<https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019/coronavirus-testing>).

Si necesitan atención médica, llamen primero a su médico para que puedan tomar las precauciones necesarias. Por favor informe a [FACILITY] si están enfermos ya que estamos monitoreando los contagios de esta exposición.

Recordatorio: Todos los residentes del Condado de Yolo, a menos que este exento debido a la edad o por condiciones de salud deben usar cubre bocas mientras se encuentre en un lugar público y no menos de 6 pies de distancia de los demás. Además todos los residentes deben mantener una distancia física de por lo menos 6 pies de otras personas que vivan en su hogar, no reunirse en grupos, evite reuniones masivas, lávese las manos con frecuencia para disminuir el riesgo de transmisión de COVID-19.

Para obtener más información, consulten nuestro sitio web en

<https://www.yolocounty.org/government/general-government-departments/health-human-services/adults/communicable-disease-investigation-and-control/novel-coronavirus-2019>

Si tiene preguntas o preocupaciones acerca de este aviso comuníquese con el administrador [NAME/ NUMBER].

**BUSINESS REPRESENTATIVE NAME
TITLE**

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