|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Location:** |  |

**CONFIRMED CASE - EMPLOYEE**

*You have received confirmation that an employee has tested POSITIVE for COVID-19 either by the employee providing test results or from notification by Public Health.*

|  |  |
| --- | --- |
| 1. **Obtain the following information:** | |
| Date and time of last shift  worked for this employee: |  |
| Names of employees they  worked with on that shift: |  |
| Names of people they might have been in close contact with on that shift *(e.g. providing personal care)*: |  |
| Did they wear PPE during that shift? | Medical mask and normal precautions  Advanced PPE: |
| 1. **Follow reporting protocols:**   Notify your district designated public health contact.  Notify your next-level supervisor  ☐ For employee confirmed cases contracted at work, ensure the 2nd level supervisor reports the incident to Ministry of Labour (ON only).  Appropriate employee completes SOR according to MCCSS SOR guidelines on COVID-19 reporting (ON) or SIR according to MSS guidelines (SK) | |
| 1. **Personal Protective Equipment**   ☐ All employees in the home are to don appropriate PPE while in the neutral zone (Mask, eye  protection) and quarantine zone (Mask, eye protection and gown). Gloves are to be worn when providing direct support, cleaning or when encountering potentially contaminated items such as laundry.  ☐ Ensure you have a three-day supply of enhanced (surgical mask, gloves, goggles, and gown) PPE. Communicate your PPE needs to your Area Manager. | |

|  |
| --- |
| 1. **Advise employees to self-isolate at work**   Other employees can continue to work using a surgical mask and gloves unless they too test positive for COVID-19 or develop symptoms of COVID-19, at which point they will self-isolate at home. |
| 1. **Potential Testing Requirement**   If there has been close contact with other employees or people supported, your Area Manager might request testing of all people and employees who live and work in the home.  ☐ Explain risk exposure due to number of people and employees in home. |
| 1. **Notify families and employees that “an employee” has tested positive for COVID. Do not refer to the employee by name.**   ☐ Call all families/ guardians of the people who live in the home to inform them of the suspected case and our response.  ☐ Call all employees who work at that location to inform them of the suspected case and the need for appropriate PPE practices. |
| 1. **Ensure everyone supported at location is practicing self-isolation**   Employees are instructed to support people who came in close contact with the employee to self-isolate as per their individual self-isolation plans based on provincial guidance see Employee [COVID-19 Exposure Guide](https://covid19.chconnect.org/wp-content/uploads/2021/01/Employee-COVID-19-Exposure-Flowchart-January-14-2021-1.pdf) (unless their test comes back negative).  Enhance testing and tracking of symptoms andtemperatures of everyperson who lives in the home to a minimum of four times per day using the [COVID-19 DAILY SYMPTOM MONITORING CHECK](https://covid19.chconnect.org/).  ☐ Continue enhanced active screening instructions for employees on [CHconnect](https://covid19.chconnect.org/) (COVID-19 SCREENING PROTOCOL). |
| 1. **Ensure transportation plan is in place**   ☐ The program has a transportation plan in place in the event hospitalization or transportation to testing facility is required.  ☐ Employees know to call 911 or transport people to a hospital if they have difficulty breathing, severe chest pain, confusion, or loss of consciousness. |
| 1. **Enhance precautionary measures in the home**   Employees know that no aerosolized procedures (e.g. CPAP, Nebulizers) can happen unless N95 masks and fit testing have been completed and are used. If not, person must receive treatment in hospital or relocated to location with appropriate PPE.  Employees are cleaning and disinfecting the home twice per day following the ENHANCED CLEANING MEASURES on [CHconnect](https://covid19.chconnect.org/). |

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature*:*** |  |