

PREVENTING & MANAGING

COVID-19 OUTBREAKS IN THE WORKPLACE



GUIDANCE FOR EMPLOYERS
IN NON-HEALTH CARE AND
NON-EDUCATIONAL SETTINGS



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02787 (10/2021)

Summary of Changes (10/2021)

- Clarified recommendations about testing. (pages 5, 14, and 15)
- Updated resources page to include links to OSHA guidance on the National Emphasis Program. (page 19)
- Numerous updates throughout to simplify language.

Summary of Changes (09/2021)

- Standard epidemiologic terms and protocol consolidated and moved to front of document.
- Quarantine and isolation timelines reformatted.
- Information on booster doses, as it applies to definitions of full vaccination, is included.

Summary of Changes (05/2021)

- Guidance on COVID-19 testing of fully vaccinated workers has been updated (page 10).
- Quarantine guidance has been updated to include quarantine after vaccination (pages 14-15).

Summary of Changes (01/2021)

- The audience for this guidance has been clarified and links provided to separate guidance for [health care](#) and [educational settings](#) (page 1).
- Quarantine guidance has been updated to include new shortened quarantine period options released by CDC and endorsed by DHS. A shortened quarantine of 7 or 10 days is permissible if certain criteria are met. A 14-day quarantine remains the recommended option and use of abbreviated quarantine is at the discretion of local and tribal health departments (page 9).
- Serial testing is no longer a recommended strategy for non-health care settings (page 12).
- Information on the use and reliability of antigen tests has been included along with links to relevant testing guidance from [CDC](#) (page 11)

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Introduction

This document assists employers when a worker tests positive for COVID-19. It describes how to work with local and tribal health departments (LTHDs) to help keep workers and customers healthy and keep businesses running smoothly during the pandemic. Please note that this guidance document is meant for non-health care and non-educational settings. Wisconsin DHS has separate guidance for health care and educational settings.

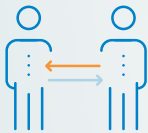
When a worker tests positive for COVID-19, there are important questions you will need to address:



- 1 How do we keep workers and customers safe while ensuring continued business operation?



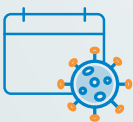
- 2 What are the first action items when a worker tests positive for COVID-19?



- 3 What can you expect when working with the LTHD during an investigation?



- 4 How should COVID-19 testing be utilized in the workplace?



- 5 When can a worker return?

The guidance in this document answers these questions and includes resources to keep you informed and prepare you for working with the LTHD. This guidance also offers resources from the **Wisconsin Economic Development Corporation** ([WEDC](#)) and the **Wisconsin State Laboratory of Hygiene** ([WisCon](#)) to maximize safety in the workplace. Although working with the LTHD is required in state statutes, this document focuses on best practices and a collaborative approach with public health that is needed to stop the spread of COVID-19.

Workplace Outbreak Checklist

Steps		Resources
<input type="checkbox"/>	Encourage employees to get vaccinated against COVID-19.	See "Encourage employee vaccination," page 3.
<input type="checkbox"/>	Make a COVID-19 plan.	See " Make a COVID-19 plan for the workplace ", page 3; fill out Appendix A; contact WisCon with any questions and/or use their planning template.
<input type="checkbox"/>	Identify local and tribal health department (LTHD) contacts.	See "First steps when a worker tests positive for COVID-19," page 6, #4.
<input type="checkbox"/>	Get a free workplace risk assessment.	See "Workplace risk assessment," page 4; contact WisCon .
<input type="checkbox"/>	Start a worker and customer COVID-19 screening program.	See "Worker screening," page 5; see Appendix B.
When a worker tests positive for COVID-19		
<input type="checkbox"/>	Take first steps to reduce COVID-19 spread in the facility.	See "First steps when a worker tests positive for COVID-19," page 6, #1-5; see Appendix A and Appendix C.
During the outbreak investigation		
<input type="checkbox"/>	Identify and report information to the LTHD regarding the facility and affected workers.	See "Working with the local and tribal health department," page 8; see Appendix A and Appendix C.
<input type="checkbox"/>	Understand how contact tracing, isolation and quarantine work.	See "Working with the local and tribal health department," page 8
<input type="checkbox"/>	Understand testing procedures and review testing strategies with the LTHD if needed.	See "COVID-19 testing," page 10
<input type="checkbox"/>	Arrange for a facility risk assessment.	See "Workplace risk assessment," page 4; contact WisCon
<input type="checkbox"/>	Understand when workers can return after isolation or quarantine.	See "When can workers return?," page 13
When the outbreak investigation ends		
<input type="checkbox"/>	Review closeout letter and any risk assessment guidance provided.	

How to keep my business running and workers and customers safe

Encourage employee vaccination

COVID-19 vaccines are safe, effective, free, and widely available. As part of the [Path Out of the Pandemic COVID-19 Action Plan](#), private sector workplaces with at least 100 employees will need to be vaccinated or tested weekly for COVID-19. However, this mandate does not go into effect until OSHA writes an Emergency Temporary Standard (ETS) with more details. In the meantime:

- Encourage workers to get vaccinated.
- Provide paid time off for workers to get the vaccine and recover from any side effects.
- Host an onsite vaccination clinic for workers and their families.
- Implement COVID-19 testing programs in the workplace.

For more information on vaccines including how and where to get vaccinated, please visit DHS' vaccination [website](#). [WEDC's Vaccine Guidance for all Businesses](#) offers additional guidance specific to workplace settings.

Make a COVID-19 plan for your business

- Make a **COVID-19 plan** for the workplace, with safety as the top priority. The [Wisconsin State Laboratory of Hygiene's WisCon](#) program has a helpful template and can answer questions about making the plan or conduct a free on-site assessment to recommend environmental controls. Complete the checklist in Appendix A. Include daily screening of workers, regular cleaning and disinfection of workspaces, personal protective equipment (PPE) and physical distancing.
- Draft the plan before you need it. If a worker tests positive for COVID-19, a plan is essential to moving your business forward and enabling proactive, rather than reactive, responses.



- Learn how the plan's basic steps work: contact tracing (see "What is contact tracing?," page 8), isolation and quarantine (see "When can workers return?," page 13).
- Consider reviewing and revising paid leave, paid time off (PTO) and other policies, as needed:
 - ☐ Direct workers to stay home when they're ill or have been exposed.
 - ☐ If the worker has exhausted paid sick time and PTO is not an option, offer unpaid time off or create a policy to offer PTO specifically for COVID-19.
- Consider suspending no-fault attendance policies. Let workers know that they won't be terminated if they have to isolate or quarantine for themselves or care for an isolated or quarantined family member.



Is the workplace safe?

Workplace risk assessment

- **A risk assessment is key to stopping COVID-19 in workplaces.** "How well is a workplace prepared to keep workers and visitors safe from COVID-19?" is the most critical question to consider. This question can be answered by a workplace risk assessment from experienced public health professionals. After a risk assessment, you will understand what needs to be done in the workplace to stop COVID-19.
- **Free professional help is available.** WisCon is a free, professional consulting service that offers risk assessment services to businesses during COVID-19. Note: WisCon's COVID-19 services are not connected to a regulatory inspection or reported to the Occupational Safety and Health Administration (OSHA). WisCon can be contacted at 608-226-5246 or by email at covidconsulting@slh.wisc.edu, or you can request assistance on the [WisCon website](#). Sharing the final report with the LTHD is recommended.

Worker training

Workers should be trained on best practices to keep themselves, their families and those around them safe and healthy. When selecting or organizing a training program, it is important to consider all literacy and education levels and native languages in the workforce. These trainings can come in the form of webinars, prerecorded videos or in-person training. Providing a safe space, the necessary resources and paid time for the training will be essential elements for full worker participation and engagement. Handing out a pamphlet with guidance is unlikely to be seen as sufficient in case of an OSHA investigation.

Aside from health and safety guidance, training should also reflect changes to policies and procedures, such as paid sick leave, job protection and shift changes. Routine refresher trainings should be provided.

DHS and OSHA guidance on how to protect your workplace and what information to include in trainings can be found on [OSHA](#) webpages.



Worker screening

Screening workers for COVID-19 symptoms when entering the workplace is recommended, particularly in facilities with many workers who are in [close contact](#). Screening will not be completely effective, because some workers who are infected may have no symptoms, or may have mild symptoms and pass through screening anyway. Screening and health checks are not a replacement for other protective measures, such as getting vaccinated, practicing physical distancing and wearing masks.

A simple screening tool is provided in Appendix B.

Whether or not you perform screening, workers should be asked to self-screen before work and required to stay home if any of the following are true:

- They are experiencing any [symptoms](#) of COVID-19, regardless of vaccination status.
- They are unvaccinated and waiting for the results of an exposure related COVID-19 test (not precautionary testing—for example, before surgery or visiting family).
- They have been diagnosed with COVID-19 and have not completed their isolation.
- They are unvaccinated and have been directed by the LTHD or health care providers to stay home (quarantine) because they had [close contact](#) with someone with COVID-19.



SORE THROAT



FEVER



SHORTNESS
OF BREATH



COUGH



HEADACHE



First steps when a worker tests positive for COVID-19



The LTHD will work with you to stop the spread of COVID-19 as quickly as possible and return workers safely. Here are steps to take as soon as possible:

- 1 Close off areas** used by the person who has COVID-19. If the person with COVID-19 is at work, they should be moved to a location away from others, provided with a face mask or cloth face covering if they do not have one, and sent home. They will need to know about your policies including leave, job protection, and health care options.
- 2 Clean and disinfect** the workspace according to [CDC recommendations](#).
- 3** Open doors and windows to **increase air circulation** in the area as feasible.
- 4 Call your local and tribal health department (LTHD).** If a worker has tested positive for COVID-19 (as self-reported by the worker, or in a test arranged by the employer), you must follow state law to **report cases to the LTHD, even if the worker does not have symptoms.** Maps of LTHDs and local tribal health centers with contact information are located on the [DHS website](#).
- 5 Start collecting information to share with the LTHD.** One way to collect this information is the spreadsheet (public health workers call this a “line list”) in Appendix C. Collect information about the worker’s contacts among coworkers for the period starting two days before the worker’s symptoms first appeared (or before the worker tested positive for COVID-19) to identify other workers who could be considered exposed. If you have a COVID-19 plan or have filled out the questionnaire in Appendix A, sharing these materials with the LTHD will allow them to respond more efficiently.



- 6 If a worker is confirmed to be infected with COVID-19, inform fellow workers who were in close contact of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. More information on how to proceed is available in the Centers for Disease Control and Prevention (CDC) [Public Health Recommendations for Community-Related Exposure](#).
- 7 The LTHD can help launch a best practices communication plan for your company. If needed, this can be used to provide general information to the public about how the LTHD and the facility are working together to keep the community safe.
- 8 Report any work-related COVID-19 cases in the OSHA 300 log (see Appendix D for more details). For this log, the employer determines which illnesses are work-related, according to OSHA's criteria.





Working with the local and tribal health department

When to call the LTHD

Upon learning that a worker has tested positive for COVID-19, **immediately report this information to the LTHD** for contact tracing, in accordance with state law.

When a worker tests positive for COVID-19, LTHD staff will interview the worker to identify close contacts through contact tracing. The goal is to stop the spread of COVID-19 at the workplace and in the community.

Contact information for local and tribal health departments is located on the [DHS website](#).

What is contact tracing?

Contact tracing is used by LTHDs to prevent the spread of infectious disease. Contact tracing involves identifying people who have an infectious disease (cases) and people who may have been exposed (close contacts). Steps involved in contact tracing include:

- Interviewing people with COVID-19 to identify everyone with whom they had **close contact** during the time they were infectious.
- Notifying contacts of their potential exposure.
- Referring contacts for testing.
- Monitoring contacts for signs and symptoms of COVID-19.

- [Isolating](#) the person who tested positive and [quarantining](#) close contacts who are not vaccinated.

Who is a close contact?

- A close contact is anyone who was **within 6 feet of an infected person for at least 15 cumulative minutes in a 24-hour period**, starting from two days before the sick person's symptoms started.
 - ☐ If the infected person has no symptoms, this period of time begins two days before their positive test.
- A person is also considered a close contact if either of the following happened while spent any amount of time with a person diagnosed with COVID-19:
 - ☐ **Direct physical contact** with the person, including but not limited to a hug or a handshake.
 - ☐ **Contact with the infected person's respiratory secretions**, including but not limited to exposure to cough or sneeze droplets; contact with a used tissue; or sharing a drinking glass, towels or other personal items.

- Mask use (or wearing other PPE) during the period of exposure, by either the case or the contact, does not exempt someone from being a close contact. While PPE, like facemasks, are effective at preventing transmission and infection, they are not perfect. Depending on factors like the user's proper wearing/fit, viral transmission and infection rate can vary.
- There are different recommendations for close contacts who are fully vaccinated against COVID-19. See p. 14 for details.

Working with the LTHD during the outbreak investigation

What's an outbreak and what's an outbreak investigation?

An **outbreak** is defined as two or more workplace-related COVID-19 cases, generally with symptoms beginning (or in some cases, with a positive test result) within 14 days of each other.

An outbreak investigation is a systematic approach used by LTHDs to determine how COVID-19 is spreading and helps to inform recommended actions for workplace safety. The LTHD will determine whether the situation meets the criteria for an outbreak. If the LTHD determines that positive cases constitute an outbreak, an outbreak investigation will be conducted.

An outbreak investigation has two key components:

- Case investigation, conducted by the LTHD to determine how COVID-19 is spreading
- Risk assessment, to help ensure a workplace is well positioned to keep workers and visitors safe from COVID-19. A risk assessment may be conducted by the LTHD or in conjunction with WisCon (see "Is the workplace safe?," page 3).

Whether or not the outbreak is workplace-related does not change how you should work with the LTHD in the initial stage of the investigation. The goal is always to stop the COVID-19 spread as quickly as possible.

How can I, the employer, assist the LTHD during an outbreak investigation?

- **Share names, contact information and sufficient work history information** for all workers, as well as facility information (for example, work schedules and floor plans) with the LTHD. **Cooperation with the LTHD is required to stop the outbreak.** Filling out **Appendix A** is an efficient way to gather important information and help the investigation.
- Keep a line list, or spreadsheet, (see Appendix C, especially the "Demographics" and "Relationships to Facility" sections) of workers linked to the investigation. Determine a secure way to transfer files and share this information with the LTHD.
 - ☐ Some client-based businesses (for example, salons and gyms) may maintain **logs of client visits**. Sharing these logs can help the LTHD identify clients at risk of COVID-19 exposure during the investigation.
 - ☐ **Other records** that can help the LTHD identify close workplace contacts include administrative records of workers and closed-circuit video. If close workplace contacts are identified from these records, you are required to share this information with the LTHD for follow-up. This information will be used solely by the LTHD for the purpose of COVID-19 public health investigation.
- Work with the LTHD to determine whether workplace **COVID-19 virus testing** will be needed. In some cases, testing fees during an outbreak investigation may be paid for by the state (the LTHD will have the appropriate details).
- **Treat workers' COVID-19 information as confidential health information**, regardless of their consent. The LTHD will also treat this information as confidential. The LTHD will calculate and provide return-to-work dates of workers. Do not require workers to return to work from isolation or quarantine earlier than the date provided by the LTHD.



COVID-19 testing

When should workers get tested?

Workers should be tested in the following situations:

- **Workers with COVID-19 symptoms:** Regardless of vaccination status, workers with COVID-19 symptoms should be tested as soon as possible to detect COVID-19 cases. Workers can be referred to a health care provider or a community site for testing. Some employers may arrange for testing at the workplace (see “Starting a COVID-19 testing program for my business,” page 17).
- **Workers who are close contacts of reported cases:** Regardless of vaccination status, close contacts of COVID-19 cases (see page 8) should be tested 5-7 days after exposure to identify people who are infected.

Screening Testing:

Some employers may also choose to conduct screening testing. **Screening testing** is regular, routine testing of workers regardless of whether or not they have symptoms or are close contacts of COVID-19 cases. Employers may consider setting up this type of testing program, particularly in settings where workers are frequently in close contact with one another. COVID-19 can be quickly and easily spread and become an outbreak. Additional guidance on screening testing is available from [CDC](#). (see “[Starting a COVID-19 testing program for my business](#),” page 17).

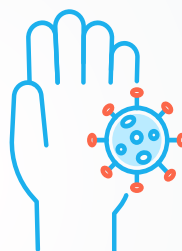


Types of COVID-19 tests

Diagnostic tests are tests that can tell whether a person has an active COVID-19 infection.

There are the two kinds of diagnostic tests used to detect COVID-19:

- **PCR (molecular) testing:** PCR testing searches for genetic material of the virus in samples taken from the individual. These samples are collected generally using a nasal swab, oral swab, or saliva collection tube. Results may be available within the same day or could be delayed as long as a week, depending on the lab.
- **Antigen testing:** Similar to PCR tests, a health care worker collects a nasal swab or saliva sample. This test, however, searches for larger proteins associated with the virus. Although antigen tests are less expensive and provide quick results, they are **less accurate than PCR tests and may require a follow-up test** to confirm the result. If using antigen tests, please [contact your LTHD](#) or occupational medicine provider for retesting instructions.



A note about diagnostic tests

Diagnostic tests only provide a snapshot at a single point in time. It can take up to two weeks for someone to develop symptoms after being exposed.

For instance, although a worker may have a negative test result one day after close contact, they may have a positive test result a week later. A 14-day quarantine period is the safest strategy for preventing the spread of COVID-19 for unvaccinated workers. For additional quarantine guidance, see "[When can workers return?](#)" on page 16. Exceptions are approved on a case-by-case basis by the LTHD.

A third type of test is antibody (serology) testing:

Antibody testing involves analyzing a person's blood to determine if that person has ever been infected with the virus that causes COVID-19.

Antibody testing cannot be used to diagnose a COVID-19 infection, to determine if a worker is immune to COVID-19, or to justify return to work after isolation or quarantine. (See [CDC Recommendations](#) and "[When can workers return?](#)" page 13).



Testing approaches during outbreak investigations

During an outbreak investigation, different testing strategies may be used, depending on the nature of the outbreak. **Businesses should work closely with their LTHD to determine which testing approach is most appropriate for your specific situation.**

Tier 1: testing close contacts

Testing all workers who have had close contact (within 6 feet for at least 15 minutes) with a worker who has COVID-19. Testing 5-7 days after exposure is recommended, especially if employees work in high density settings.

Tier 2: testing all workers in a unit or section

Tier 2 is used when wider COVID-19 spread is suspected within a unit or section of a business. This approach is used when:

- Cases are grouped in one unit or section of a facility.
- One or more cases have an unidentified source.
- One or more cases came to work while infectious and potentially spread the virus to many contacts within a particular unit or section of a facility.

Tier 3: testing all workers in a facility

Testing all workers at a facility. This approach is used when the entire facility may be impacted, based on the number and distribution of cases. The LTHD will assist when this approach is necessary.

Taking action following testing

Workers who are close contacts continue to quarantine pending a test result. A 14-day quarantine is the most protective option for anyone exposed to COVID-19. For more information on close contacts for vaccinated and unvaccinated workers, see ["Who is a close contact?"](#) on page 8.



When can workers return?

The following guidelines outline the criteria for deciding when it is safe for a worker to return to work. Return-to-work dates are based on quarantine and isolation periods established by the CDC and implemented by LTHDs. See the following section for a visual diagram detailing these periods.

- **Quarantine** refers to the period of time during which someone stays home (or away from other individuals) because they are a “close contact” who has recently been exposed to a person with COVID-19, even though the quarantined individual may not feel sick or have tested positive for COVID-19. The purpose is to keep a potentially infectious person from further spreading the virus.
- **Isolation** refers to the period of time during which someone stays at home (or away from other individuals) because they are either symptomatic and/or tested positive for COVID-19. Isolation is necessary because we want to keep sick people away from other, healthy members of the population.

Isolation guidelines

- Workers with COVID-19 **who have symptoms** and are directed to care for themselves at home (isolate) may return to work **after all of the following criteria are met:**
 - ☐ At least 10 days have passed since symptoms first appeared and
 - ☐ At least 24 hours have passed without a fever (without using fever-reducing medications, like Tylenol) and
 - ☐ Symptoms have improved
- Workers who test positive for COVID-19 **who do not have symptoms** (asymptomatic), never develop symptoms, and are directed to care for themselves at home (isolate) may return to work **after 10 days have passed since the first positive viral (PCR or antigen) test.**

Quarantine guidelines

- For **unvaccinated close contacts** of COVID-19 cases, there are several options to consider. Work with your local LTHD to determine the best course of action.
 - ❑ A **14 day** quarantine remains the safest option for workers who have been exposed to COVID-19 but aren't showing symptoms (close contacts).
- Some LTHDs may allow shorter quarantine periods. If instructed by your LTHD, workers with no symptoms may apply one of the following quarantine schedules:
 - ❑ A **10 day** quarantine as long as the close contact continues to monitor their symptoms for the full 14 days.
 - ❑ A **7 day** quarantine provided that the close contact receives a negative PCR or antigen test result from a sample collected on or after day 6.
- Regardless of quarantine time, all close contacts are expected to monitor for symptoms for a full 14 days as well as following other COVID-19 safety guidelines such as mask wearing and social distancing.
- For vaccinated close contacts of COVID-19 cases, here is no need to quarantine as long as they meet ALL of the following criteria:
 - ❑ Their exposure to someone with COVID-19 happened at least two weeks after receiving the last dose of their vaccine series; and
 - ❑ They have not had any symptoms of COVID-19 since their last close contact.

They should continue to monitor symptoms and wear a mask for 14 days after their last close contact or until they receive a negative test result. Fully vaccinated close contacts should not be tested until 5-7 days after exposure. If they develop any symptoms of COVID-19 or test positive, they should isolate from others, contact their health care provider, and get tested.

- No employment sectors are considered exempt from the quarantine of exposed unvaccinated workers. Exceptions to standard quarantine guidelines are approved on a case-by-case basis by local, tribal, or state public health officials, and only for compelling public health or safety reasons.

Important notes:

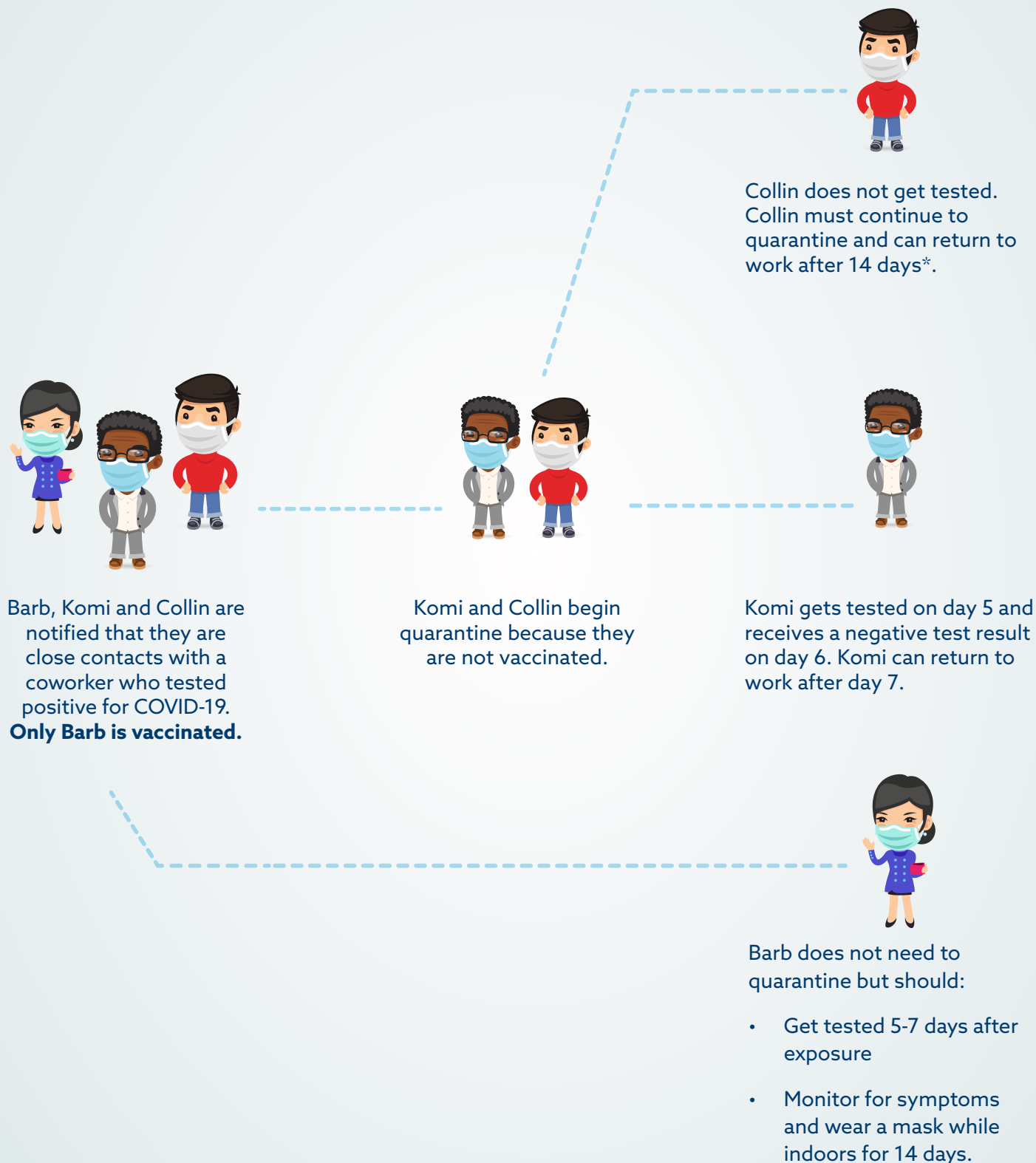
- Isolation start date is the date symptoms start or the date that the worker was tested (assuming that test came back positive for COVID-19).
- When someone is exposed to the virus that causes COVID-19, it can take up to 14 days or more before they show symptoms or test positive. This is called the incubation period, and is the reason the safest option for close contacts is to quarantine at home for a full 14 days.
- If a worker tests positive for COVID-19 during the 14-day quarantine, they switch from quarantine to isolation and follow the return-to-work criteria for a symptomatic or asymptomatic case.*
- **Antibody tests cannot be used to determine if a worker can return to work** (see "COVID-19 testing," page 10, and related resources from the [EEOC](#) and [CDC](#) for further details).
- Do not require a return-to-work or notice of quarantine or isolation letter from a worker. DHS may be able to send the worker a notification of quarantine or isolation, but return-to-work dates are not specified, as these are determined by the LTHD.
- In addition to exclusion from work, remind workers asked to quarantine or isolate to follow other [state, local and tribal public health guidelines](#) while at home.

After release from isolation or quarantine

At this time, the **CDC does not recommend retesting of persons who test positive for COVID-19 for three months after their positive test** (for details, visit "[Ending Isolation and Precautions for Adults with COVID-19](#)"). If a worker released from isolation begins to show symptoms of COVID-19, they should isolate and see a health care provider before retesting.

* If an individual develops symptoms or tests positive during quarantine, on that day they move into isolation.

Please refer to the following diagram to determine the length of time that close contacts must remain in quarantine before returning to work. Written descriptions are provided in the section above, **Isolation and Quarantine**.



* This may be reduced to 10 days if approved by the LTHD.

Starting a COVID-19 testing program for my business

Routine testing of some or all workers could help to identify outbreaks before they begin so that early containment is more likely. You may carry out this type of screening testing, but it should be planned with the advice of the LTHD. DHS does not endorse one screening test strategy over another.

The optimal frequency or testing coverage among workers may vary depending on available resources and the workplace setting. Any employer-led routine testing of asymptomatic workers for screening purposes should be combined with robust symptom monitoring for workers and access to testing (or referral) for workers who report symptoms of COVID-19 or who have been identified as a [close contact](#) of confirmed cases. If two or more workers test positive for COVID-19 during a routine test screening, consult with the LTHD to determine if a change to the testing strategy is warranted.

COVID-19 is a medical condition, and diagnostic testing for COVID-19 that is coordinated by the employer must comply with the reporting and quality standards expected of a health care provider. Work closely with an occupational health provider (or another health care provider), as well as the laboratory performing the tests, to ensure that their testing program meets the following standards:

Specimen collection

- **Test type:** Use accurate and reliable testing supplies and laboratory processing, as specified by DHS and the U.S. Food and Drug Administration (FDA). Point-of-care antigen tests must be approved by the FDA for the diagnosis of COVID-19 infection. Antibody tests should not be used for diagnosing infection. See "[COVID-19 testing](#)" on page 10 for more details about different types of tests.
- **Specimen collection:** Ensure that personnel are knowledgeable and trained in the most effective process and patient and personal safety precautions.

- **PPE:** Ensure that all personnel have access to appropriate PPE and are utilizing safe testing practices.
- **Worker education:** Offer effective and culturally and linguistically appropriate health education before and at the time of specimen collection, including isolation instructions for symptomatic workers.
- **Test documentation:** Accurately document DHS-required data elements (see "Reporting worker test results to public health as an employer," page 17).

Lab processing

- **Lab turnaround time:** Ensure timely lab turnaround time, ideally 48 hours from specimen collection to lab processing.
- **Timely documentation:** See "Reporting worker test results to public health as an employer," page 17.

Patient notification

- **Time:** Timely patient results reporting of both positive and negative results (24 hours from lab result) is critical.
- **Worker notification:** Use a comprehensive script with information for those who test positive. Providing effective and culturally and linguistically appropriate education and referrals to health care services, isolation resources and other supports (e.g., paid time off policies, [income supports](#), etc.) for individuals who test positive will be essential. Promote awareness that their LTHD will be calling for contact tracing purposes and to provide further guidance. Alternatively, communicate that, even with a negative test result, the individual could still get infected later on or could be very early in the infection (within the incubation period). Include information about how to avoid infection.

Reporting worker test results to public health as an employer

COVID-19 is a Category 1 Reportable Condition in Wisconsin. This means that if you conduct your own COVID-19 testing at your business, you are required to ensure reporting of test results (positive and negative) to your LTHD. Laboratories with electronic reporting capabilities should submit results through the Wisconsin Electronic Disease Surveillance System (WEDSS). If the lab does not have WEDSS access, a [patient information form](#) (see Appendix E) should be completed and faxed to the LTHD. For bulk submission into WEDSS, please refer to the DPH Memo [BCD 2021-01](#).

Required data elements include:

- Worker demographics: name, date of birth, stated gender, race/ethnicity, preferred language
- Contact information: mobile phone number, secondary phone number, physical/mailling address
- Reason for testing: symptoms, public health investigation, other
- Hospitalization status
- Occupation
- Link (if any): outbreak investigation or community testing initiative
- Specimen type

Resources



WISCONSIN ECONOMIC DEVELOPMENT CORPORATION

WEDC has information to help protect your business or organization, customers, clients, and staff from COVID-19. A few simple communications, policies, and programs can encourage COVID-19 vaccination among your workforce and help keep employees—and your community—safe and healthy.

[WEDC Vaccine Guidelines for Employers](#)



WISCONSIN DEPARTMENT *of* HEALTH SERVICES

The primary point of contact for questions regarding a COVID-19 outbreak at your business should be the local and tribal health department (LTHD). Contact information can be found through the following links:

[Local Public Health Departments](#)

[Wisconsin Tribal Health Centers](#)

[DHS COVID-19: Businesses, Employers, and Workers web page](#)

Questions or concerns can also be sent to DHS via the following email addresses:

DHSCOVIDOCHEALTH@dhs.wisconsin.gov

DHSCDESOutbreaks@dhs.wisconsin.gov



Wisconsin State Laboratory of Hygiene UNIVERSITY OF WISCONSIN-MADISON

WisCon offers no-obligation, free consultations to assess and address workplace health and safety questions regarding COVID-19. These virtual or in-person consultations include helpful guidance and recommendations for keeping your business running safely during the pandemic. Contact WisCon using the link, email or phone number below.

[COVID-19 Consulting Services](#)

covidconsulting@slh.wisc.edu

608-226-5246



**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

CDC's occupational health experts can address your workplace questions. When you make contact, let CDC-INFO know that your question is occupational. Contact information is listed below.

Technical Information and Assistance

1-800-CDC-INFO (1-800-232-4636)

[Contact CDC-INFO](#)

TTY 1-888-232-6348

Representatives are available in English and en Español

8 a.m.–8 p.m. EDT



[Coronavirus Disease main information page](#)

[Guidance on Mitigating Preventing the Spread of COVID-19 in the Workplace](#)

[National Emphasis Program](#)

OSHA's COVID-19 National Emphasis Program (NEP) focuses on industries at high-risk of COVID-19 transmission. OSHA is using strategies such as inspections, outreach to employers, and compliance assistance. Follow the link above to find the current list of industries included in the NEP.

Appendices

Appendix A	<u>Workplace Questionnaire, F-02729</u>
Appendix B	<u>Symptom Screening Tool, F-02730</u>
Appendix C	<u>Worker Line List, F-02731</u>
Appendix D	<u>OSHA 300 Reporting</u>
Appendix E	<u>COVID-19 Patient Information, F-02700</u>
Appendix F	<u>14-day Fever and Symptom Tracker</u>

Appendix A: Workplace Questionnaire, F-02729

Controls Checklist

Instructions: Select Yes/No from the dropdown for each cell applicable to your worksite after implementing the controls indicated. Areas that need to be addressed will be highlighted in red.

	Health screening area	Entrance, exits, and clock in/out	Uniform and equipment pickup area	Tool sharpening area	Production area	Break areas, cafeterias	Locker rooms, restrooms	Other areas, e.g. parking lot, smoking areas
Adhere to physical distancing								
Physical barriers								
Face covering use								
Cleaning and disinfection practices								
Hand sanitizer and hand wash stations								
Visual or other reminders to maintain physical distancing, wear a cloth face covering, hand washing etc. (e.g. posters)								
Visual reminders posted in multiple languages if necessary								
Communications about COVID-19 and worker safety and health								
Communications in multiple languages and at applicable literacy level if necessary								
PPE use (as appropriate for the work setting)								

Appendix B: Symptom Screening Tool, F-02730

Worker COVID-19 symptoms screening

The information on this page contains worker health information and must be must treated as confidential medical records.

Call 911 if any worker is experiencing trouble breathing, new confusion, persistent pain or pressure in the chest, inability to stay awake, bluish lips or face.

Screener:

Date:

Symptoms: dropdown boxes for Yes or No

Employee name	Temperature (°F)	Cough	Shortness of breath or difficulty breathing	Fatigue or Tiredness	Muscle or body aches	New loss of taste or smell	Sore throat	Vomiting or diarrhea
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Appendix C: Worker Line List, F-02731

[illegible]

Appendix D: OSHA 300 Reporting

OSHA 300 reporting is a separate process from reporting to the local or tribal health department (LTHD), and has different reporting requirements.

If a confirmed case of COVID-19 is identified, the company will determine if it meets the criteria for recordability and reportability under OSHA's recordkeeping rule. OSHA requires employers to record work-related injuries and illnesses that meet certain severity criteria on the [OSHA 300 log](#), as well as complete the [OSHA form 301](#) (or equivalent) upon the occurrence of these injuries or illnesses.

OSHA has determined that COVID-19 should not be excluded from coverage of the rule (unlike the common cold or seasonal flu, which are excluded). Thus, OSHA considers COVID-19 an illness, but has stated that only confirmed cases of COVID-19 should be considered an illness under the rule. If a worker simply comes to work with symptoms consistent with COVID-19 but does not have a confirmed diagnosis, the recordability analysis is not necessarily triggered at that time.

For purposes of COVID-19, OSHA also requires employers to report any work-related illness that (1) results in a fatality, or (2) results in the inpatient hospitalization of one or more workers. Inpatient hospitalization is defined as a formal admission to the inpatient service of a hospital or clinic for care or treatment.

If a worker has a confirmed case of COVID-19, the company will consult with the LTHD as the company conducts an assessment of any workplace exposures to determine if the case meets OSHA criteria for work-relatedness. Work-relatedness is presumed for illnesses that result from events or exposures in the work environment, unless it meets certain exceptions. One of those exceptions is that the illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside of the work environment. Thus, if a worker develops COVID-19 solely from an exposure outside of the work environment, it would not be work-related, and thus not recordable. Determining where a worker became infected may be a challenging task. Note that OSHA's rule for work-relatedness of COVID-19 illness may be different than those of state and national public health agencies.

The company's assessment of work-relatedness will consider the work environment itself, the type of work performed, the risk of person-to-person transmission given the work environment, and other factors such as community spread. Further, if a worker has a confirmed case of COVID-19 that is considered work-related per OSHA criteria, the company will report the case to OSHA if it results in a fatality within 30 days or an inpatient hospitalization within 24 hours of the exposure incident.

More information can be found on [OSHA's recordkeeping webpage](#).

Appendix E: COVID-19 Patient Information, F-02700

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02700 (Last Revised 07/22/2020)

STATE OF WISCONSIN

WISCONSIN COVID-19 PATIENT INFORMATION

First Name		Last Name		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Race <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
Street Address		City	State	Zip	County
Primary Phone (e.g., cellphone)		Secondary Phone		Email Address	
Is Patient a health care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation			

REASON FOR TESTING (Check all that apply)

☐ Symptoms of COVID-19 Onset date for earliest symptom: ☐ Asymptomatic

Has the patient had any of the following symptoms in the **past 14 days**?

Symptom	Yes	No	Symptom	Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>	Muscle aches (myalgia)	<input type="checkbox"/>	<input type="checkbox"/>
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Runny nose (rhinorrhea)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (dyspnea)	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea (more than 3 loose stools/day)	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	Loss of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Loss of taste?	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Public Health Investigation (e.g., long-term care, workplace, corrections) – Enter Investigation Details Below
- ☐ Community Testing Site ☐ Hospitalized (inpatient) Admission Date: ICU: ☐ Yes ☐ No
- ☐ Pre-procedure or Preoperative Screening

RESIDENTIAL AND OCCUPATIONAL INFORMATION (Required for public health investigations)

Does the patient **work** in nursing home, long-term care facility, jail, shelter or other congregate living setting?

☐ Yes ☐ No If Yes, name and location of facility:

Does the patient **live** in nursing home, long-term care facility, jail, shelter or other congregate living setting?

☐ Yes ☐ No If Yes, name and location of facility:

If part of a **workplace investigation**, is the patient an **Employee**? ☐ Yes ☐ No

Contact of an employee? ☐ Yes ☐ No

What is the name of the workplace: What section or unit?

ORDERING PROVIDER AND FACILITY

Collection Date: Specimen Type: ☐ Nasal swab ☐ NP ☐ OP ☐ Saliva ☐ other

Ordering Provider: Phone:

Reporting Facility or Health Department

Investigation Name/ID (If applicable for public health investigation)

All patients with a pending molecular test must be reported to public health while laboratory results are pending, and reports must include the data fields on this form. Reporting this information via [WEDSS](#) is strongly encouraged. In lieu of WEDSS reporting, this form can be used to report to the patient's local public health agency while results are pending. A list of local health agency contact information can be found on the [Department of Health Services website](#).

Appendix F: 14-day Fever and Symptom Tracker

14-day Fever and Symptom Tracker - COVID-19

Name		Age (years)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City		State	
Local Health Department		Telephone Number – Daytime		Telephone Number – After hours	

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

Do not leave any spaces blank. If you have a fever or any symptom, immediately call your doctor.

Date (month/day) (Days 1-14)	Feverish?	Temperature Morning (a.m.)	Temperature Evening (p.m.)	Cough	Sore Throat	Shortness of Breath	Other Symptoms
1	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
2	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
3	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
4	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
5	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
6	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
7	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
8	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
9	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
10	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
11	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
12	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
13	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
14	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	