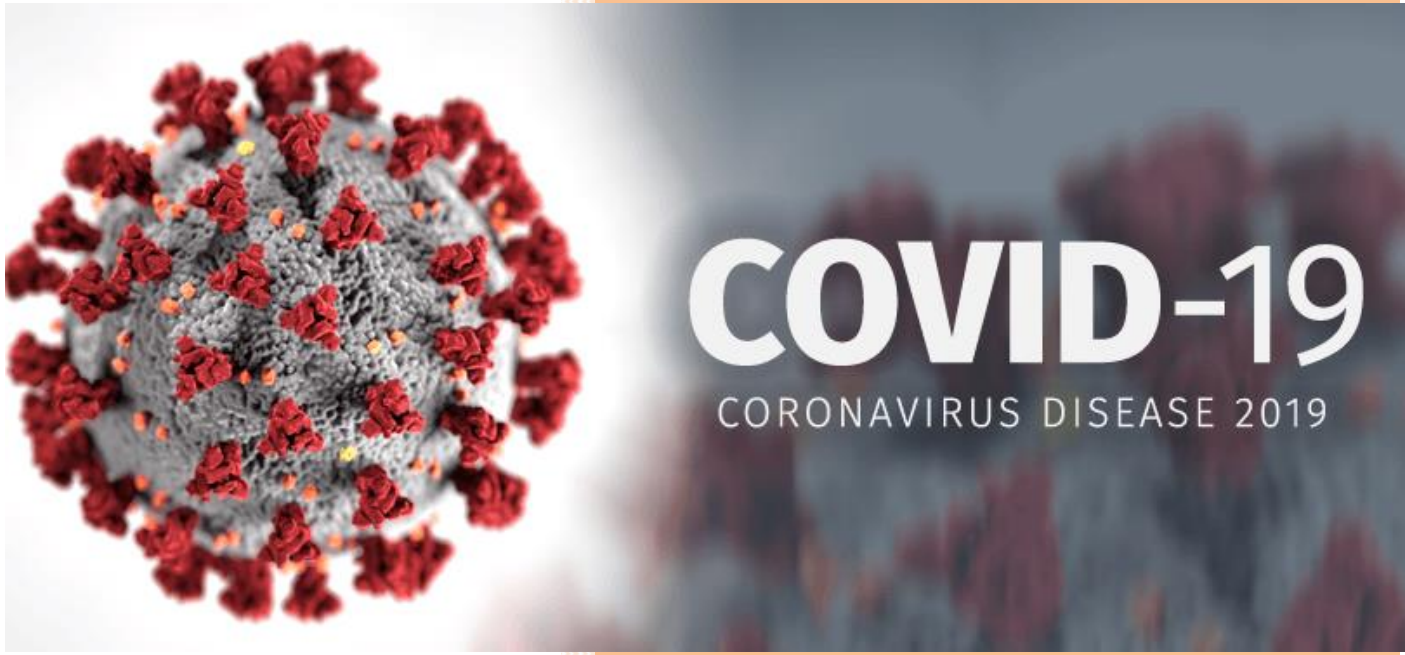
USPS Close Contact Tracing Program



Occupational Health Services

COVID 19 Guidance

October 28, 2020

USPS Close Contact Tracing Program

COVID 19- Close Contact Guidance

Definition (Updated October 2020):

Guidelines from the Federal Centers for Disease Control and Prevention define "close contact" as anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Responsibility:

Employee: • Notify immediate supervisor of positive finding of COVID-19. • Provide medical documentation from treating physician or public health official to OHNA.	District HR Manager: • Assign close contact investigation to either OHNA or Safety. • Notify Area HR Manager of close contact investigation being opened and assigned.
Installation Head / Supervisor / Manager: • Pull together a timeline of potential close contact days, times, and locations. • Provide names of potential close contact employees based on potential exposure. • Contact District HR.	Area HR Manager: • Monitor progress of close contact investigation. • Update HQ Occupational Health of status through closeout.

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Action for OHNA or Safety:

To initiate a close contact investigation:

- Review form submitted by local manager.
- Interview employee to gather information regarding his/her movements within the facility and potential direct contact with co-workers.
- Assess movement and contacts to determine risk level to others.
- Identify employees who should exercise self-quarantine.
- Notify local manager of employees being recommended to self-quarantine.
- Employees should then be placed on Emergency Paid Sick leave according to Families First Coronavirus Response Act guidelines.
- If Emergency Paid Sick Leave has been exhausted, the employee will be placed on Administrative Leave.
- OHNA/OHN will contact Public Health Department.
- Public Health Department will conduct Close Contact Investigation for non-postal close contact.

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Sample Script

Close Contact Questions to ask the employee or supervisor include:

1. When did the employee who tested positive for COVID 19 last work?
2. How long was the employee inside a postal building during his/her workday?
3. Did the employee drive any postal vehicles? Which ones?
4. Did the employee wear a mask or gloves while he/she was at work?
5. Did the employee have symptoms while at work?
6. If asymptomatic, two days prior to getting tested, and until the employee stopped working, did the employee come in close contact with other employees (six (6) feet or less for a cumulative total of 15 minutes or more over a 24-hour period)?
7. If symptomatic, beginning two days prior to the onset of symptoms and until the employee stopped working, did the employee come in close contact with other employees (six (6) feet or less (for a cumulative total of 15 minutes or more over a 24-hour period))?
8. Describe the contact. (NOTE: If employee or supervisor does not sufficiently answer the questions below during this response, please continue with questions).
9. How close was the employee to the other employees? Direct (physical contact) or indirect (within six (6) feet but not touching)?
10. How frequent was the contact?
11. How long was the contact?
12. Has the employee experienced any COVID-19 symptoms (e.g., fever, cough, shortness of breath)? Did the employee experience any COVID-19 symptoms during his/her last seven (7) calendar days at work?
13. Does anyone in the employee's household have confirmed COVID-19?
14. Is anyone in the employee's household under self-quarantine for COVID-19 exposure?
15. Is anyone in the employee's household exhibiting symptoms of COVID-19?
16. Did the employee have any contact with someone who has confirmed COVID-19, was under quarantine for COVID-19, or has exhibited COVID-19 symptoms, within the past 14 days?
    - Contact employees identified in the conversation with the employee or supervisor above and ask whether they are exhibiting any symptoms and verify they were on close contact. Continue until all potential exposures are accounted for.
    - If the employee is identified as a close contact, advise the employee that per our investigation, he/she was in close contact with a symptomatic COVID-19 positive co-worker, and that he/she should self-quarantine for 14 days or otherwise not report to work.
    - Contact the District or Area HR Manager, inform them of number of quarantined employees. Add quarantined employees to the COVID-19 Tracker.

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Supervisor's Checklist for COVID-19 Positive Employee Case Management

Management information:	
Name	
Phone 1	
Phone 2	
email	
Position	

Employee information:	
Full Name	
EIN	
Position	
Carrier-Route #, Plant-Tour #	
Employ Office	
Duty Station Address1	
Duty Station Address2	
Duty Station City	
Duty Station State	
Duty Station Zip	
Phone 1	
Phone 2	
email	
Residence Address	
Residence City	
Residence State	
Residence Zip	

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Current location: (check one)	
Residence (Quarantine / Isolation)	
Hospital	
Hospital Name (if known)	

Documentation of confirmed positive diagnosis (check one)	
Available & attached	
Not available	

Source of positive diagnosis notification: (check one)	
Health Department (DOH)	
DOH Name (if available)	
Healthcare Provider	
Employee	
Employee Family Member (contact information)	

Employee Timeline	
Provide work schedule (TACS Reports) - 14 days	
Last Day worked	
First Day showing symptoms	
Days showing symptoms at work	

Possible Close Contact Employees (pre-investigation)	
List all employee name(s) who may have had had direct contact with employee:	
NAME	PHONE(S)

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Contact Tracing Investigator Checklist for COVID-19 Positive Employee Case Management

Interview Questions		
When was employee last in facility? (date, time, location, duration)		
Did the employee drive any postal vehicles? Which ones?		
Date employee-patient became symptomatic? (If known)		
Does any household member work for USPS? If yes, where?		
Does anyone in employee's household have confirmed COVID-19?		
Did the employee wear PPE (mask, gloves) while at work?		
Has the employee experienced any COVID-19 symptoms (e.g., fever, cough, shortness of breath, chills, repeated chills, sore throat, muscle pain, headache, new loss of smell or taste)? If so, did they experience any COVID-19 symptoms during their last 7 calendar days at work?		

Close Contact Employees	
Did the employee-patient have direct contact with, or were they within 6 feet for at least 15 minutes of any other employees during their last seven (7) calendar days?	Yes No

List all employee name(s), phone number(s), email(s) who may have had had direct contact with employee as described above:		
NAME	**PHONE(S)**	**RECOMMENDATION** (RTW or Quarantine)

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Self-Monitoring Guidance for Potential Exposure to Coronavirus Disease 2019 (COVID-19)

What is self-monitoring, and what directions should I follow?

Self-monitoring means that you will be monitoring yourself for fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell by taking your temperature twice a day and remain alert for other symptoms.

Why are you being asked to check your temperature and symptoms for 14 days?

It is very important for you to monitor your health for 14 days after the last day you were potentially exposed to COVID-19 to protect your health and the health of those around you, and ensure you get quick and appropriate treatment if you get sick. Fourteen (14) days is the longest estimated time between when you may have been exposed to COVID-19 and when symptoms may begin.

What are the signs and symptoms of COVID-19?

The most common signs and symptoms of COVID-19 are fever, cough, and shortness of breath or difficulty breathing. USPS is also requesting individuals to monitor for muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea. These symptoms can also be caused by many other common illnesses, such as influenza. If you develop a fever or any symptoms mentioned above, it does not necessarily mean that you have COVID-19, but you should follow up with your local health department.

How should you monitor your health during this time period?

A *COVID-19 14-Day Symptom Monitoring Log* form is included in this document for you to record your temperature and possible symptoms.

Instructions for monitoring your temperature and symptoms:

- Take your temperature orally (by mouth) with a digital thermometer ***2 times a day (at least 6 hours apart):***
  - ***once in the morning and***
  - ***again in the evening***
- Write down your temperature on the *COVID-19 14-Day Symptom Monitoring Log* form twice a day, every day.
- If you forget to take your temperature, take it as soon as you remember.
- Mark if you have any symptoms included on the form.
- Indicate if you took any fever/pain reducing medications [e.g., Aspirin, Tylenol® (acetaminophen), and paracetamol, Aleve® (naproxen), MOTRIN® or Advil® (ibuprofen)] and the reason why you took the medication on the form. Your temperature should be taken before you take the next dose of any such medication.
- If you experience fever or you have any symptoms listed on the *COVID-19 14-Day Symptom Monitoring Log* form, immediately call your District OHNA.
- At the end of your monitoring period, your District OHNA may request a copy of your monitoring log to help determine your return to duty date.

What should I do if I become ill during this monitoring period?

DO NOT GO to a clinic or hospital without <u>first</u> calling the local health department or treating physician. If you cannot immediately reach your local health department, please call your doctor or designated hospital and inform them of your findings. Follow the directions given to you by either the local public health department or your treating physician. If you have a medical emergency, call 911 and inform them that you are being monitored for COVID-19.

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Instructions: Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if You have any of the symptoms below: circle 'Y' for Yes and 'N' for No.

Day # (from last contact)	1		2		3		4		5		6		7	
Date														
AM or PM	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**	**AM**	**PM**
Time														
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny nose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain/ discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/ pain-Reducing medication[1] taken?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

[1] e.g., Aspirin, Tylenol® (acetaminophen), paracetamol, Aleve ® (naproxen), MOTRIN® or Advil ® (ibuprofen)

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Instructions: Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if You have any of the symptoms below: circle 'Y' for Yes and 'N' for No.

Day# (from last contact)	8		9		10		11		12		13		14	
Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Time														
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath/difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Runny nose	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fatigue	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain/discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Nausea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Fever/pain reducing medication [1] taken?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

[1] e.g., Aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), MOTRIN® or Advil® (ibuprofen)