

# INSTRUCTIONS AND GUIDANCE ON COMPLETING EMPLOYEE POSITIVE COVID TEST INVESTIGATION FOR “WORK-RELATEDNESS”

## FOR COMPANY USE ONLY

OSHA requires that employers investigate the potential genesis of any cases of COVID-19 among their employees to determine if they were more likely than not work-related.

**Instructions:** Review the OSHA principals below, and then use the subsequent template included below (starting on page 4) to conduct the investigation based on information reasonably available to the community to determine Work-Relatedness.

### **OSHA Log:**

If the illness is determined to be work-related, and the employee required medical treatment, had days away from work, restricted duty or there was a fatality you must record the same on the **OSHA log** for the establishment/facility within 7 days of the known illness.

COVID-19 is a respiratory illness and should be coded as such on the OSHA Form 300. Because this is an illness, if an employee voluntarily requests that his/her name not be entered on the log, the employer must comply as specified under 29 CFR § 1904.29(b)(7)(vi).”

### **Reporting Hospitalization or Death To OSHA:**

If the infection is work-related, and the employee is hospitalized or passes away, it must be **reported to OSHA** in addition to recording it in the OSHA logs. **Fatalities must be reported within 8 hours of the employer learning of the fatality. Hospitalizations must be reported within 24 hours.**

### **Understanding Concept of “Work-Relatedness” When Conducting Investigation:**

In determining whether an employer has complied with this obligation and made a reasonable determination of work-relatedness, OSHA provides the following guidance:

- **The reasonableness of the employer’s investigation into work-relatedness.** Employers, especially small employers, are not expected to undertake extensive medical inquiries, given employee privacy concerns and most employers’ lack of expertise in this area. It is sufficient in most circumstances for the employer, when it learns of an employee’s COVID-19 illness,
  - (1) Conduct an assessment of the workplace to determine if the work environment likely led to the COVID-19 illness. Focus on the potential exposures in the two weeks prior to the date of the employee showing symptoms or testing positive. Look at work schedules, number of people that

they worked around in close proximity, were there any positive cases at the community during this time, etc.

(2) Review the employee's work environment for potential SARS-CoV-2.

(3) If the investigation does not point to the work environment being likely to have led to the COVID-19 illness, look at the employee's out-of-work activities that may have led to the COVID-19 illness. It may be beneficial at this point to have a discussion with the employee on their out-of-work activities if you need more information while respecting the employee's privacy.

- **The evidence available to the employer.** The evidence that a COVID-19 illness was work-related should be considered based on the information reasonably available to the employer at the time it made its work-relatedness determination. If the employer later learns more information related to an employee's COVID-19 illness, then that information should be considered as well in determining whether an employer made a reasonable work-relatedness determination.
- **The evidence that a COVID-19 illness was contracted at work.** CSHOs should consider all reasonably available evidence, in the manner described above, to determine whether an employer has complied with its recording obligation. This cannot be reduced to a ready formula, but certain types of evidence may weigh in favor of or against work-relatedness. For instance:
  - COVID-19 illnesses are **likely work-related when several cases develop among workers who work closely together** and there is no alternative explanation.
  - An employee's COVID-19 illness is **likely work-related if it is contracted shortly after lengthy, close exposure** to a customer/patient/coworker/anyone we know at workplace or related to work who has a confirmed case of COVID-19 and there is no alternative explanation.
  - An employee's COVID-19 illness is **likely work-related if his job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.**
  - An employee's COVID-19 illness is likely **not work-related if she is the only worker to contract COVID-19 in her vicinity** and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.
  - An employee's COVID-19 illness is **likely not work-related if he, outside the workplace, closely and frequently associates with someone** (e.g., a family member, significant other, or close friend) who (1) has COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.

- CSHOs should give due weight to any evidence of causation, pertaining to the employee illness at issue, provided by medical providers, public health authorities, or the employee herself.

If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role with respect to a particular case of COVID-19, the employer **does not need to record** that COVID-19 illness. However, an employer must conduct an analysis for each positive COVID-19 for purposes of workplace health and safety and public health **regardless of whether a case is ultimately determined to be work-related.**

**[GO TO NEXT PAGE TO CONDUCT YOUR OSHA INVESTIGATION.]**



## **EMPLOYEE POSITIVE COVID TEST INVESTIGATION FOR “WORK-RELATEDNESS”**

### **Person(s) Conducting Investigation:**

Name:

Name:

Title:

Title:

Contact Info:

Contact Info:

### **About Employee:**

- a. Employee Name: (“Employee”)
- b. Worksite Location:
- c. Employer Name:
- d. Position Title:
- e. Department:
- f. Immediate Supervisor:
- g. Usual Shift: (If Fluctuating Please Describe)
- h. Nature of Duties (Identify Extent to Which Employee Has Direct Contact With Others and Who Those Would Be):
- i. Does Employee Work For Another Employer?
  - i. If So, Identify Employer and Hire Date?
  - ii. Nature of Job with Other Employer?
- j. Last Time We Had Direct Contact with Employee? (Who had contact, when, nature of contact)

### **Family Contact Person:**

- a. Do we have a family contact who we maintain contact with or can contact to follow up?
  - i. Identify (Name & Contact Information)
  - ii. Relationship to Employee:

### **Employee Status at Time Employee Tested Positive?**

Was employee on leave when we learned employee tested positive for COVID?

If so, describe nature and type of leave

### **About Positive COVID Test:**

- a. When Did Employee Test For COVID?
- b. When Did We Find Out About Positive Test?

- c. Last Day Employee Reported to Work?
- d. Reason Employee Stopped Reporting To Work?
  - i. Called Out Because:
    - 1. (      )      Having Symptoms
    - 2. (      )      Believed They Had Been Exposed to Someone With  
COVID
    - 3. (      )      Were at High Risk and Called out as Precaution
    - 4. (      )      Other

**Has Employee Remained Home since Learning of Positive COVID test?**

Yes (      )      No (      )

**Has Employee Been Hospitalized?**

- a. Has employee been hospitalized for COVID? If so, when?
- b. What hospital?
- c. Do they remain hospitalized?
- d. If released from hospital when was employee released?
- e. Where did they go upon being released?

**Personal Risk Factors:**

- a. Do we know if anyone in Employee's household or family tested positive for COVID-19?
  - i. Yes (      )      No (      )
  - ii. Who provided this information?
  - iii. If yes, identify who and when they tested positive:
- b. Do we know if Employee may have come into contact with a person who had COVID-19 outside of working hours or outside of performing work duties?
  - i. Yes (      )      No (      )
  - ii. Who provided this information?
  - iii. If Yes, describe:
- c. Do we have any other relevant information regarding Employee's exposure risk while outside of work?
  - i. Yes (      )      No (      )
  - ii. Who provided this information?
  - iii. If Yes, describe:

**Employee Job Assessment:**

- a. Was employee responsible as part of their job duties for having direct contact with anyone known to be positive for COVID? (including, resident, patient, customer, visitor, colleague, co-worker, etc.). Yes (      )      No (      )

- i. If Yes, describe who employee would have contact with who was COVID positive, nature and frequency of contact:
- b. Did employee use personal protective equipment while reporting to work since the COVID pandemic commenced? Yes (    )      No (    )
  - i. If Yes, describe the nature and type of PPE and when it would it was required to be used:
- c. Did employee express concern that their duties might present an elevated risk of exposure to COVID-19? Yes (    )      No (    )
  - i. If Yes, describe concern expressed (to who? When? Nature of concern? Response to concern)
- d. Are there other employees in Employee's Department who have tested positive for COVID-19?      Yes (    )      No (    )
  - i. If Yes, identify each employee and date when we learned of positive COVID-19?
  - ii. Identify nature of contact Employee may have had with employee who previously tested positive for COVID-19

**Work-Relatedness Determination Based On OSHA Guidance:**

1. Based on information available, is COVID-19 illness of employee explained by several cases developing among workers who work closely with employee?
  - a. Yes (    )      then treat as work-related
  - b. No (    )      then do not treat as work related
2. Based on information available, is COVID-19 illness of employee **contracted shortly after lengthy, close exposure** to a customer/patient/coworker/anyone we know at workplace or related to work who has a confirmed case of COVID-19 and there is no alternative explanation?
  - a. Yes (    )      then treat as work-related
  - b. No (    )      then do not treat as work related
3. Based on information available, is COVID-19 illness of employee the result of **having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.**
  - a. Yes (    )      then treat as NOT work-related

- b. No (   )      then evaluate other factors to determine if likely work related or not
- 4. Based on information available, was employee known to have been exposed to someone at worksite who tested positive for COVID-19?
  - a. Yes (   )      then treat as work-related
  - b. No (   )      then do not treat as work related
- 5. Based on information available, did employee with COVID-19 have known contact with someone (e.g., a family member, significant other, or close friend) who (a) has/had COVID-19; (2) is not a coworker, and (3) who was infectious at the time employee was exposed to them?
  - a. Yes (   )      then treat as NOT work-related
  - b. No (   )      then evaluate other factors to determine if probable work related or not

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