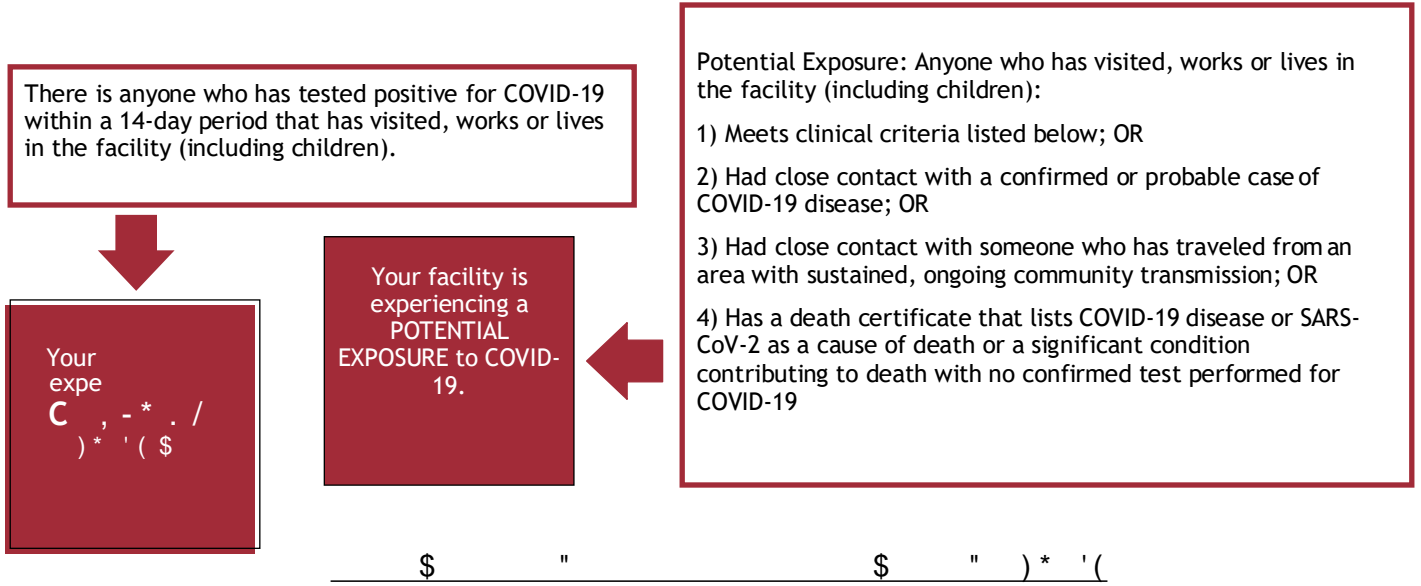


REPORTING COVID-19 CASES

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To report a potential exposure and/or confirmed positive COVID-19 case, you must complete this form and send it via fax to CTA at 808-234-5470.

How to determine if your facility has a **Potential Exposure** or **Confirmed COVID-19 case**:



The individual must have one of the following AND no alternative diagnosis that is more likely (an individual's physician needs to be contacted prior to completing a report form)

- At least two of the following symptoms: fever (measured or subjective (the person feels like they are running a fever even if it can't be measured as one), chills (with or without a fever), rigors (shivering and feeling cold followed by feeling warm), myalgia (muscle or body aches), headache, fatigue, sore throat, new loss of olfactory (smell) or taste, congestion or runny nose; Nausea or vomiting, or diarrhea.
-OR-
- At least one of the following symptoms: cough, shortness of breath, or difficulty breathing
-OR-
- Severe respiratory illness with at least one of the following:
 - Clinical or x-ray evidence of pneumonia, or
 - Acute respiratory distress syndrome (ARDS)

Note: Older adults may experience different symptoms, so facilities are encouraged to consult with that individual's physician. If COVID-19 is circulating locally, and several patients develop acute respiratory illness with a fever within a short period of time, COVID-19 should be suspected until proven otherwise.

Close Contact: defined by the Centers for Disease Control as someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time that patient is isolated. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Factors to consider when defining close contact include proximity, the duration of exposure and whether the individual has symptoms.

CALL 911: Look for emergency warning signs and seek emergency medical care immediately if someone is showing any of the following signs

Trouble Breathing - Persistent pain or pressure in chest - New confusion - Inability to wake or stay awake - Bluish lips or face

COVID-19 Report Form

Staff (for reporting purposes this includes employees, caregivers, and household members (including children))

Number of people that work/live at the facility:

Number of these people with respiratory illness (using outline clinical criteria):

Date first person became

ill with respiratory symptoms:

Was there testing?

Yes No

Testing

Number of staff tested for COVID-19:

Number of staff who **tested positive** for COVID-19:

Date first COVID-19 positive staff member became ill:

Number of staff who have **probable** COVID-19 (not tested/test pending/negative test without alternate diagnosis):

Number of staff who tested negative for COVID-19:

Number of staff tested for influenza:

Number of staff who tested positive for influenza:

Number of staff tested for RSV:

Number of staff who tested positive for RSV:

Number of staff tested for another respiratory illness (e.g., with other testing):

Number of staff who tested positive for another respiratory illness:

What other illnesses were identified (if applicable)?

Outcomes

Number of hospitalized staff who **tested positive** for COVID-19:

Number of hospitalized staff with **probable** COVID-19 (not tested/test pending/negative test without alternate diagnosis):

List where staff have been transferred:

Number of deaths among staff who have **tested positive** for COVID-19:

Number of deaths among staff with **probable** COVID-19 (not tested/test pending/negative test without alternate diagnosis):

provide any other information regarding staff exposure/illness

&

Reporter Information

Person reporting:

:

Agency phone: