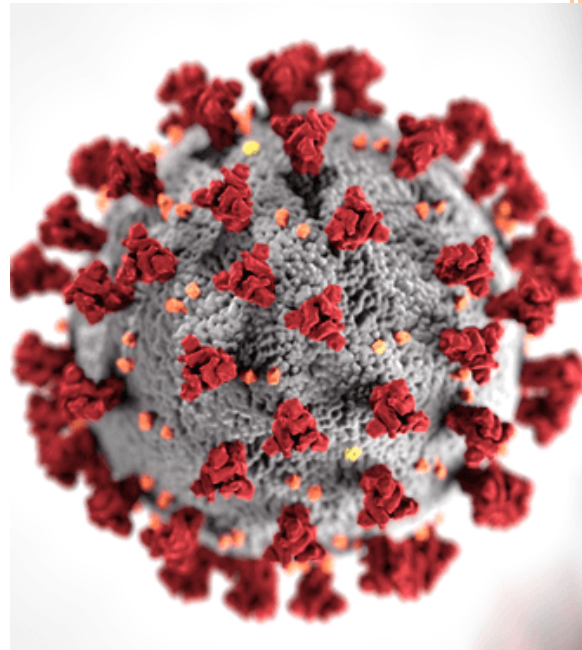


# USPS Close Contact Tracing Program



**COVID-19**  
CORONAVIRUS DISEASE 2019

**Occupational Health Services**

**COVID 19 Guidance**

## USPS Close Contact Tracing Program

### COVID 19- Close Contact Guidance

#### Definition:

Guidelines from the Federal Centers for Disease Control and Prevention define "close contact" as anyone, within the last 14 days, who has been within 6 feet of a person infected with the virus for a "prolonged period of time," as well as those who have had direct contact with the infected person's secretions. These guidelines are then interpreted by local public health departments. (Note: need to define "prolonged period of time")

#### Responsibility:

##### Employee:

- Notify immediate supervisor of positive finding of COVID 19.
- Provide medical documentation from treating physician or public health official to OHNA

##### Installation Head / Supervisor / Manager

- Pull together a time line of potential close contact days, times, and locations.
- Provide names of potential close contact employees based on potential exposure
- Contact District HR

##### District HR Manager

- Assign close contact investigation to either OHNA or Safety
- Notify Area HR Manager of close contact investigation being opened and assigned.

##### Area HR Manager

- Monitor progress of close contact investigation.
- Update HQ Occupational Health of status through close out.

## USPS Close Contact Tracing Program

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.

## USPS Close Contact Tracing Program

### 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 come into close contact (six (6) feet or less for more than 10 minutes) with other employees during his/her last seven (7) calendar days at work?
6. Describe the contact. (NOTE: If employee or supervisor does not sufficiently answer the questions below during this response, please continue with questions).
7. How close was the employee to the other employees? Direct (physical contact) or indirect (within six (6) feet but not touching)?
8. How frequent was the contact?
9. How long was the contact?
10. 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?
11. Does anyone in the employee's household have confirmed COVID-19?
12. Is anyone in the employee's household under self-quarantine for COVID-19 exposure?
13. Is anyone in the employee's household exhibiting symptoms of COVID-19?
14. 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.

## USPS Close Contact Tracing Program

### Risk Assessment Matrix

Epidemiologic risk factors	Exposure category	Work Restrictions for Asymptomatic Employee
Contact Less than 10 minutes *	Low	None
Contact More than 10 minutes	Medium	Exclude from work for 14 days after last exposure
Age - Over 65	Medium	Exclude from work for 14 days after last exposure
Underlying health conditions	Medium	Exclude from work for 14 days after last exposure
Employee wearing face covering	Low	None
Employee not wearing a face mask **	Medium	Exclude from work for 14 days after last exposure
Contact symptomatic at work within 48 hours ***	Medium	Exclude from work for 14 days after last exposure
Contact asymptomatic at work within 48 hours	Low	None

\*Data is insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. 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.

\*\*Data are limited to define of close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

\*\*\*These symptoms may appear 2-14 days after exposure to the virus: Fever, Cough, Shortness of breath or difficulty breathing, chills, muscle pain, headache, sore throat, loss of taste or smell. For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4oF (38oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

## USPS Close Contact Tracing Program

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

#### Management information:

<b>Name</b>	
<b>Phone 1</b>	
<b>Phone 2</b>	
<b>email</b>	
<b>Position</b>	

#### Employee information:

<b>Full Name</b>	
<b>EIN</b>	
<b>Position</b>	
<b>Carrier-Route #, Plant-Tour #</b>	
<b>Employ Office</b>	
<b>Duty Station Address1</b>	
<b>Duty Station Address2</b>	
<b>Duty Station City</b>	
<b>Duty Station State</b>	
<b>Duty Station Zip</b>	
<b>Phone 1</b>	
<b>Phone 2</b>	
<b>email</b>	
<b>Residence Address</b>	
<b>Residence City</b>	
<b>Residence State</b>	
<b>Residence Zip</b>	

## USPS Close Contact Tracing Program

### 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)

## USPS Close Contact Tracing Program

### 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 10 minutes of any other employees during their last seven (7) calendar days, while not wearing a face covering?	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)



## USPS Close Contact Tracing Program

### 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 first 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.

### USPS Close Contact Tracing Program

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 <sup>1</sup> 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

<sup>1</sup> e.g., Aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), MOTRIN® or Advil® (ibuprofen)

## USPS Close Contact Tracing Program

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
Cough	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
Chills	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
Runny nose	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
Fatigue	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
Abdominal pain/discomfort	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
Diarrhea	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
Fever/pain reducing medication <sup>1</sup> taken?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

<sup>1</sup> e.g., Aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), MOTRIN® or Advil® (ibuprofen)