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| --- | --- | --- |
| Employee Name | MRN | Exposure Window |
|  |  |  |
| Additional Details: |

COVID-19 spreads by touching (contact) or breathing (airborne) in the virus particles.

**ACTION STEPS:**

**This needs to remain confidential. Managers of each department need to discuss this letter only with each colleague who had contact with the identified employee. Manager should determine exposure by asking the colleague the following question:**

|  |  |  |
| --- | --- | --- |
| *Yes* | *No* |  |
|  |  | Did you have close contact within 6 feet of the employee for longer than 15 minutes without the use of universal masking or hand hygiene? |

**Please follow the below guidelines:**

* If the employee is experiencing any symptoms concerning for COVID-19:
	1. Instruct the employee stay off work, or if already at work self-isolate or leave work, and contact Employee Health
		+ Monday through Friday, call 402.552.3563 during business hours 0700-1630.
		+ Only call the OUCH pager after 1630 on Friday through Sunday. All calls to the OUCH pager after business hours on Monday-Thursday will be directed to call Employee Health during normal business hours.
* If the employee is asymptomatic and answered “yes” to the above question:
	1. Fill out the employee’s information on the attached Department Exposure Log (Attachment A) and email the completed log to: employeehealth@nebraskamed.com; jgoodro@nebraskamed.com; bwolford@nebraskamed.com; ssedlak@nebraskamed.com; tbalfour@nebraskamed.com
	2. Employee Health will determine plan of action with their Medical Director and provide guidance to the employee’s manager or supervisor.
* Employees that meet the exposure definition should complete an Employee Safety Event.

Managers and Attending Physicians are responsible for notifying residents and students who may have been exposed. Students should follow up with Student Health.

1. Infection Prevention will be in contact with Nebraska Medicine patients that were involved with the exposure.
2. Employees should complete an Employee Safety Event.

**DEPARTMENT TRACKING**

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| http://24ce8t83ffu2w6d272jv6ypo.wpengine.netdna-cdn.com/wp-content/uploads/sites/3/2014/07/NMed_Primary_tag_sm_rgb-300x116.png | Department Exposure LogAttachment A |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Complete if you have met the exposure definition.**

**\*Give this document to your department manager.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | **Date of Birth** | **Best contact #** | **Did you complete an Employee Safety Event?** |
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