

# COVID-19 Case Response Checklist/Report

The form will be implemented when one of three events triggers a response:

- Enhanced preventative cleaning measures are needed.
- A CSUF employee or student has come into contact with a person known or suspected to have CoVid-19.
- A CSUF employee has been diagnosed with CoVid-19.

Potentially exposed parties will self-quarantine when the latter two events trigger a response, until such time as it is determined the person(s) contacted has tested negative for CoVid-19 and/or the CSUF employee or student does not show any symptoms.

Sections in the checklist refer to the Pandemic Viral Contamination Response Protocol

*Exposure Date:* \_\_\_\_\_ *Exposure Location(s):* \_\_\_\_\_

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- Identify, lock down or secure areas of exposure to prevent further exposure - **Section R-3** (*Department Responsibility*)
  - Investigation - **Section R-3** (SHCC staff/Nursing Students for student cases), (EHS Staff for employee cases)
    - Identify "period of concern" work contacts (quarantine)
    - Identify "period of concern" work where physical/proximal contact has occurred
    - Identify work and visitation areas where physical/proximal contact has occurred.
  - Clean-up Worker Protection, PPE and Protocol - **Section R-5** (*Specialty Response Vendor*)
  - Disinfection - **Section R-4** (*Specialty Response Vendor*)
    - Correct PPE
    - Correct Chemicals
    - High Contact Surfaces
    - Hard Surfaces
    - Soft (porous) Surfaces (curtains, carpets, mouse pads)
    - Waste
  - Disinfection Oversight - **Section R-4 I** (*Facilities/EHS or Department Representative*)

*Date:* \_\_\_\_\_ *Person:* \_\_\_\_\_ *Signature:* \_\_\_\_\_

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- Decontamination - **Section R-4 G** (*Specialty Response Vendor*)
  - Waste Disposal - **Section R-4 H** (*Specialty Response Vendor*)
  - Safe Re-entry (hours) (*EHS/Risk*)

*Date:* \_\_\_\_\_ *Person:* \_\_\_\_\_ *Signature:* \_\_\_\_\_