

## COVID-19 Outbreak Determination/Investigation Form

**Enter in WDRS (use COVID-19 Outbreak Question Package) or fax complete form to: 206-364-1060**

Investigation status:  active investigation  closed investigation  unable to contact  refused contact

Form status:  preliminary report  final report

Cluster ruled out (check in WDRS but do not delete event)  Request DOH assistance (check in WDRS and call 206-418-5433)

Optional: LHJ cluster number: \_\_\_\_\_ LHJ cluster name: \_\_\_\_\_

**Accountable County/LHJ:** \_\_\_\_\_ **LHJ lead investigator:** \_\_\_\_\_

Initial LHJ notification date: \_\_\_/\_\_\_/\_\_\_\_\_

**Site/facility name:** \_\_\_\_\_

**Site/facility address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Investigation complete date: \_\_\_/\_\_\_/\_\_\_\_\_

Optional dates: First case symptom onset date: \_\_\_/\_\_\_/\_\_\_\_\_

Last case symptom onset date: \_\_\_/\_\_\_/\_\_\_\_\_ 28 days from last onset date: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Site/Facility category (select ONE)</b>	<b>Details*</b> <b>(check ONE for applicable facility type – note that a slash indicates “or” e.g., bar or nightclub)</b>
<input type="checkbox"/> Long term/senior	<input type="checkbox"/> adult family home <input type="checkbox"/> assisted living <input type="checkbox"/> nursing home <input type="checkbox"/> senior living
<input type="checkbox"/> Healthcare, other	<input type="checkbox"/> ambulatory surgery <input type="checkbox"/> behavioral health <input type="checkbox"/> cancer care <input type="checkbox"/> dental <input type="checkbox"/> dialysis <input type="checkbox"/> home healthcare <input type="checkbox"/> hospital <input type="checkbox"/> inpatient rehab care <input type="checkbox"/> intermediate care <input type="checkbox"/> outpatient <input type="checkbox"/> supported living facility <input type="checkbox"/> other:
<input type="checkbox"/> Government	<input type="checkbox"/> agency, facility, etc. <input type="checkbox"/> corrections <input type="checkbox"/> military <input type="checkbox"/> public safety <input type="checkbox"/> other:
<input type="checkbox"/> Goods-producing industry	<input type="checkbox"/> agriculture / employer housing / produce packing <input type="checkbox"/> construction <input type="checkbox"/> fishing <input type="checkbox"/> forestry / hunting <input type="checkbox"/> manufacturing (food-related) <input type="checkbox"/> manufacturing (non-food) <input type="checkbox"/> natural resources and mining <input type="checkbox"/> other:
<input type="checkbox"/> Service-providing industry	<input type="checkbox"/> bar / nightclub <input type="checkbox"/> childcare <input type="checkbox"/> K-12 school <input type="checkbox"/> college / university <input type="checkbox"/> facility / domestic cleaning service <input type="checkbox"/> food service/restaurant <input type="checkbox"/> hotel <input type="checkbox"/> leisure / hospitality / recreation <input type="checkbox"/> personal care or service (hair, nails) <input type="checkbox"/> place of worship <input type="checkbox"/> professional services / office-based (business, IT, finance, legal) <input type="checkbox"/> retail / grocery <input type="checkbox"/> real estate <input type="checkbox"/> stadium, arena, venues <input type="checkbox"/> shelter / homeless service <input type="checkbox"/> summer camp <input type="checkbox"/> transportation / shipping / delivery <input type="checkbox"/> utilities <input type="checkbox"/> warehousing <input type="checkbox"/> other:
<input type="checkbox"/> Community, other	<input type="checkbox"/> college housing <input type="checkbox"/> congregate housing (not employer provided) <input type="checkbox"/> large gathering <input type="checkbox"/> private event <input type="checkbox"/> other:

Multi-county outbreak  Multi-state outbreak If yes, list location and other jurisdictions:

**PROVIDE INFORMATION BELOW ONLY FOR OUTBREAKS IN SCHOOLS (K-12), CORRECTIONAL FACILITIES, RESTAURANTS, AND EMPLOYER-PROVIDED HOUSING and also complete relevant questions on the second page**

### A. WDRS Outbreak Information Summary for Schools, Corrections, Restaurants, Employer Provided Housing

# of Lab positive cases:	# of cases within last 14 days:	Date of most recent lab positive case:		
Summary totals for ___/___/202_	<b>Total</b>	<b>Tested</b>	<b>Cases (PCR+ or antigen positive / other probable)</b>	<b>Deaths</b>
Employees/staff (excluding full-time teleworker staff)			/	
Contractors/vendors at site (exclude full time telework)			/	
Clients/residents/inmates/students (as relevant)			/	
Other			/	

Notes: \_\_\_\_\_

\*Resources for site/facility category: <https://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2007> and <https://www.bls.gov/sae/additional-resources/naics-supersectors-for-ces-program.htm>

B. Facility Questions – Evaluation for an Outbreak (optional)			
	Yes	No	Unknown
Were you aware that you have COVID positive employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have a written emergency preparedness plan related to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a healthcare employee on site? (i.e. nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What languages are spoken in the facility? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			
Do you have multiple facilities or locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you share employees with those other facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know if your employees have second jobs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
C. Facility Questions – Employees and Staff Screening (optional)			
Are you asking/screening employees/staff for COVID-19 symptoms before each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking employees/staff temperature before each shift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are staff with symptoms instructed to: <input type="checkbox"/> go home <input type="checkbox"/> excluded from the workforce or <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When would you exclude based upon symptoms or temperature?			
Notes:			
D. Facility Questions – Employee Protective Equipment (optional)			
Are employees offered PPE? (Ask for specifics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is hand sanitizer available for employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there areas in your facility where employees are unable or unlikely to maintain 6 feet apart? (i.e. packaging lines, lunch or break room, warehouse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe:			
E. Facility Questions – Additional Information (optional)			
Who is a contact that we can ask more questions about your COVID-19 preparedness?			
What resources do you need?			
Do you have any questions?			
F. Call Log (optional)			
Date and Time	Number Called	Notes (Left voicemail, made contact, call back time, etc.)	
G. Additional Notes			