

**WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES (WDACS)
AMERICA'S JOB CENTERS OF CALIFORNIA (AJCC)**



COVID-19 – COMMUNICATION FORM



Complete one form for one affected individual and email to ajccops@wdacs.lacounty.gov with a copy to Irene Pelayo at IPelayo@wdacs.lacounty.gov within 4-hours of awareness. The AJCC One-stop Operator Executive Director is to also call or text Irene Pelayo immediately. Please also see definitions/instructions provided on page three (3) of this form.

AJCC SITE INFORMATION	
AJCC SITE	DATE
SUBMITTER'S NAME	TITLE
CELL PHONE NUMBER	EMAIL

1. INCIDENT INVOLVES (check all that apply)	2. AFFECTED INDIVIDUAL
<input type="checkbox"/> COVID positive <input type="checkbox"/> Symptomatic COVID/Flu-like symptoms <input type="checkbox"/> COVID Exposure (Close contact)	<input type="checkbox"/> Participant <input type="checkbox"/> One-Stop Operator Staff <input type="checkbox"/> Partner Staff. <i>Please indicate partner affiliation:</i> <hr/>

3. INFORMATION ON THE DISCOVERY OF THE INCIDENT		
Date	Time	Discovered by: Name, Title and Agency

4. INFORMATION OF THE AFFECTED INDIVIDUAL			
4a. If a Participant	4b. If a Staff		
Name:	Title:		
	Shift (start and end times):		
	Work Schedule (Days):	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Date of Prior Visit to AJCC:	Last date reported for duty:		
	Start & end time of the last worked date:		
	Working environment:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	
4c. If symptomatic, symptoms displayed: (check all that applies)	<input type="checkbox"/> Fever or chills <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath or difficulty breathing <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Sore throat <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Fatigue <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Headache Nausea or vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other _____		4d. First date of symptom(s)
4e. If tested in connection with this incident, date of the test		4f. Date of the test results	
	<input type="checkbox"/> Facial Covering <input type="checkbox"/> Non-Surgical mask <input type="checkbox"/> Surgical Mask <input type="checkbox"/> N-95 mask <input type="checkbox"/> Protective gown <input type="checkbox"/> Protective gloves <input type="checkbox"/> Face shield		
4g. Protective equipment worn: (check all that applies)			

5. IF THE INDIVIDUAL HAD CLOSE CONTACT(S)* WITH STAFF OR PARTICIPANTS, PROVIDE THE BELOW INFORMATION. If needed, provide additional close contacts in the Additional Information section below.

Name	Agency (for staff)	Date/time of the Close Contact	Telephone Number

6. ACTIONS TAKEN BY THE AJCC ONE-STOP OPERATOR (CHECK ALL THAT APPLIES)

Instructed the participant to:	Instructed the staff to:
<input type="checkbox"/> If close contact and asymptomatic, quarantine for 14 days before resuming in-person service. <input type="checkbox"/> If symptomatic or test positive, isolate/quarantine for 14 days after symptoms resolve before resuming in-person service.	<input type="checkbox"/> If close contact and asymptomatic, immediately go home to self-quarantine for 14 days and monitor symptoms <input type="checkbox"/> Get tested <input type="checkbox"/> If symptomatic or test positive, self-isolate for 10 days and monitor for worsening symptoms

7. ADDITIONAL INFORMATION

** A close contact involves an individual(s) who was within 6 feet of the infected person for more than 15 minutes, or an individual who had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on sharing utensils or saliva, or providing care without wearing appropriate protective equipment.*

Refer to page 3. for form definitions/instructions.

WORKFORCE DEVELOPMENT, AGING AND COMMUNITY SERVICES (WDACS) LOS ANGELES COUNTY AMERICA'S JOB CENTERS OF CALIFORNIA (AJCC)

COVID-19 – COMMUNICATION FORM INSTRUCTIONS

- **AJCC Site** – *The name of the America's Job Center of California reporting a COVID-19 connected incident.*
- **Date** – *Date of form submission (no more than 4 hours of discovery of the incident)*
- **Submitted By** – *Name, Title, Telephone number and email address of the AJCC staff reporting the incident. It is recommended that this be a staff that has the responsibility level to be able to receive instructions from County and implement appropriate actions at the AJCC site.*
- **Incident Involves** - *This provides information on whether the individual was exposed (COVID exposure, close contact), if they are experiencing symptoms (symptomatic COVID or flu-like symptoms), or whether they are known to be COVID positive. This information is used for risk assessment and to formulate an appropriate level of response.*
- **Affected Individual** – *indicate if they are a participant, AJCC staff (One-Stop Operator staff), or partner staff (for example, EDD, Probation, or another partner). This will help in ensuring communication alerts are routed to appropriate parties.*
- **Information on the Discovery of the Incident** – *this is information that will help pinpoint when the incident became known by the AJCC, including date, time, and contact information of the staff that discovered the incident. This form shall be submitted no more than 4 hours from the date and time of the discovery of the incident.*
- **Information of the Affected Individual** – *this provides more details on the individual, details on symptoms, information on if they have been tested for COVID-19 in connection with the reported incident, if they were wearing PPE when discovery of the incident occurred, and other details that will help in understanding level of exposure, potential spread, and illness of individual so that WDACS can better inform Department of Public Health for response protocol.*
- **If the Individual had Close Contacts with other Participants or Staff** – *this information is to gather contact information to assist with contact-tracing efforts to ensure all individuals exposed, or potentially exposed, are informed and so they can take appropriate steps for their own safety and health.*
- **Actions Taken by the AJCC One-Stop Operator** – *these are the steps taken in instructing the affected individual (participant or staff). This information is needed to understand current situation and whether additional instructions are needed to be provided to affected individuals or additional actions to be taken.*
- **Additional Information** – *this is anything else that can be provided to help in understanding the situation and scope of the incident for a more thorough response.*