

NAVAIR SUPERVISOR COVID-19 Incident Response and Reporting Manual



Developed by NAVAIR Headquarters Incident Response Team
Version 6 – July 7, 2020



Foreword

Our top priority is protecting the health and safety of our people—our military, civilian and contractor teammates who deliver the capabilities and readiness required to protect our nation.

As supervisors, you play a key role in this process. We are asking you to take on some incredibly tough challenges. Thank you for your service and continued commitment to safety of our employees.

The “NAVAIR COVID-19 Supervisor Incident Response and Reporting Manual” is intended as a framework to guide you if an employee tests positive for COVID-19, becomes ill or symptomatic or is exposed to an individual who has tested positive for COVID-19, is ill or symptomatic. Each case will have unique aspects that will require you to think critically and adapt the manual to your specific needs.

The manual also provides guidance on how to proactively deal with facilities issues both proactively to keep your spaces clean and safe, and reactively, in the event there is an incident with potential facility exposure.

The manual uses Centers for Disease Control and Prevention (CDC) guidelines as a foundation. In some cases, we have recommended a more conservative approach, in close consultation with Navy medical experts, to protect employee and workspace safety levels to the maximum extent possible.

NAVAIR is continuously updating and refining its response to the COVID-19 pandemic. We will release updates to this document as conditions change and we learn from your feedback and experiences.

The manual includes the following sections:

- **Section 1** delineates the immediate procedures a supervisor must take after notification of a COVID-19 test positive, ill or symptomatic employee—whether the employee is in the workspace or at home.
- **Section 2** provides an overview of recommended follow-on steps based on various scenarios.
- **Section 3** describes recommended actions to keep facilities clean, reduce the risk of occupant exposure and prepare employees for re-occupancy.
- **Section 4** provides information on reporting procedures and points of contact.
- **Section 5** provides return-to-work guidelines to help supervisors, medical officials and employees determine when it is safe for employees with COVID-19 positive tests, recent illness or symptoms, or exposure to a COVID-19 test positive, ill or symptomatic individual, to return to work.
- **Section 6** addresses the notification process and supervisor and/or contracting officer representative responsibilities in case of loss of life because of COVID-19.

For those who have already dealt with incidents, thank you for your efforts to address employee and workspace safety as quickly and thoroughly as possible. If you have been fortunate to avoid any issues to date, I hope this manual will provide valuable tools and tips to help keep all employees safe, as we navigate through this unprecedented time in our nation’s history.

Your role as a leader is more important now than ever. Take care, and stay well.

A handwritten signature in black ink that reads "Garry H. Newton". The signature is written in a cursive style and is positioned above a solid horizontal line.

Garry Newton
Deputy Commander, Naval Air Systems Command



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List of Enclosures

- A. Facilities Assessment Tools
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- B. Reporting Requirements
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- C. COVID-19 Loss of Life Reporting Checklist



Section 1: Immediate Procedures When Notified of a COVID-19 Test Positive, Ill or Symptomatic Employee

This section outlines actions supervisors should take to safeguard employees when an individual has tested positive for COVID-19, becomes ill or is symptomatic, whether at the workspace or at home.

Please note, an employee is considered to have tested COVID-19 positive only when confirmed by a public health official or medical professional. An individual is considered a person under investigation (PUI) when COVID-19 testing has not yet occurred or test results are pending.

Reporting Guidance

When a supervisor is notified an employee has tested positive for COVID-19, is ill or is exhibiting symptoms in the workspace, he or she will direct the employee to immediately go into home isolation and seek further guidance from his or her medical provider. Section 5 provides guidance on returning to the workspace after a positive COVID-19 test or for an ill or symptomatic employee.

The supervisor will:

- Remove all personnel from the presumed affected location immediately and close off areas inhabited by the individual who tested positive, was ill or symptomatic. Inform personnel that an assessment of infectious risk to themselves and the workspace will be rapidly accomplished and that they can expect to hear the mitigation plan within 24 hours.
- Notify the building manager of the incident and work with unit leadership to determine the employee's exposure history as it relates to people and facilities.
- Help leadership prepare an Operational Report or military or civilian employees who have confirmed positive COVID-19 tests.
- Notify the appropriate unit COVID-19 POC (HCMD or PMD) for reporting; see [COVID-19 Personnel Impact Reporting](#).
- Contact the local emergency management officer and command duty officer.
- Notify the local Safety Department and assist in entering pertinent information into Navy's Enterprise Safety Application Management System (ESAM). This allows the Safety Department to investigate and determine whether an incident is work-related and to log information related to the incident appropriately.
- Coordinate with the local facilities lead to conduct a risk assessment and develop an action plan. (See [Section 3 COVID-19 Facility Cleaning Guidance](#)). Support employee and family, as needed; maintain daily contact and make chain of command and local COVID-19 POC aware of any changes.

If an employee is not in the workspace when notified of his or her COVID-19 positive status, becomes ill or becomes symptomatic, the employee should notify his or her supervisor within 30 minutes. The supervisor will advise the employee to go into home isolation immediately and seek further guidance from his or her medical provider, then follow the steps above to safeguard the rest of the team.



Section 2: Personnel Risk Assessment

Chief of Naval Operations Adm. Mike Gilday stated, “We are learning to operate in a new normal and must accept that COVID-19 will be with us for the foreseeable future. We will continue to navigate this new dynamic and evolve our way of thinking and day-to-day operations. All hands will be required to defeat this unseen enemy.”

To that end, we must continue to fight against the virus establishing a foothold in our spaces by monitoring our employees. If someone presents with flu-like symptoms, send him or her home. At the first sign of feeling an abnormal cough, unusual fatigue, change in sense of taste or smell or a fever, employees should self-treat at home, and if necessary, seek medical attention.

Employees who have had close contact (< 6 feet for ≥15 minutes) with an individual with COVID_19 who has flu-like or COVID-19 symptoms (in the period from two days before symptom onset) or an individual who has tested positive for COVID-19 but has not had any symptoms (in the two days prior to testing) will be required to stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times (refer to CDC’s Public Health Guidance for Community-Related Exposure below).

While in the workspace, eliminating exposure to respiratory secretions/droplets is the key to preventing the spread of COVID-19. The virus is spread via respiratory droplets, or less commonly, from aerosols in small, poorly ventilated spaces with prolonged (hours) exposure, from infected individuals, with or without symptoms. Aerosol particles produced by breathing and talking are small and present low exposure risk, particularly when coupled with CDC-recommended mitigations. On the contrary, coughing or sneezing presents high exposure risk, even with CDC mitigations in place.

Employees with respiratory symptoms pose the greatest risk in the workspace. Chronic respiratory symptoms present a serious risk for spreading COVID-19, even if the result of an underlying disease, allergy, etc. While mitigation measures are in place to address droplet and secretion transmission that occurs when people are in close contact, the ultimate goal is to prevent the transmission of respiratory secretions to the maximum extent practicable.



CDC Guidance for people exposed to others with known or suspected COVID-19

Current guidance based on community exposure for asymptomatic persons exposed to persons with known or suspected COVID-19

| Person | Exposure to | Recommended Precautions for the Public |
|--|--|---|
| Individual who has been in close contact (< 6 feet)** for ≥15 minutes*** | <ul style="list-style-type: none"> Person with COVID-19 who has <u>symptoms</u> (from 2 days before symptom onset until they meet criteria for <u>discontinuing home isolation</u>; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any <u>symptoms</u> (in the 2 days before the date of specimen collection until they meet criteria for <u>discontinuing home isolation</u>) | <ul style="list-style-type: none"> Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times Self-monitor for symptoms <ul style="list-style-type: none"> - Check temperature twice a day - Watch for fever*, cough or other <u>symptoms</u> of COVID-19 Avoid contact with <u>people at higher risk for severe illness</u> from COVID-19 Follow <u>CDC guidance</u> if symptoms develop |
| All U.S. residents, other than those with a known risk exposure | <ul style="list-style-type: none"> Possible unrecognized COVID-19 exposures in U.S. communities | <ul style="list-style-type: none"> <u>Practice social distancing</u> and other <u>personal prevention strategies</u> Be alert for symptoms <ul style="list-style-type: none"> - Watch for fever*, cough or other <u>symptoms</u> of COVID-19 - Check temperature if symptoms develop Follow <u>CDC guidance</u> if symptoms develop |

* For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

** Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk) and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

***Data are insufficient to define precisely the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual?) remain important. Integration of these definitions and actions into communications and actions of public health authorities can be guided by CDC’s [“Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission”](https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html).¹

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>



Section 3: COVID-19 Facility Cleaning Guidance

The following lists actions for program managers (PMs), supervisors, facility points of contact (POCs) and procurement group POCs to take in the event of an ill, symptomatic or COVID-19 test positive employee:

- The employee reports status or concerns to supervisor and/or PM.
- The supervisor/PM secures the workspace, informs other employees of the possible exposed space and advises employees to stay out of the space until a risk assessment is completed, mitigations are put in place and the facility is safe to be occupied.
- The supervisor/PM notifies local facility coordinator or facilities lead of affected location(s).
- The facilities POC of affected location(s) contacts the Infrastructure, Safety and Environmental (ISE) Department via the local facility lead.
- The facilities POC evaluates the case circumstances, including the type of facility, level of exposure (direct or indirect) when the employee was in the space and the amount of time the area was exposed, to determine the level of cleaning required.
 - i. For areas assessed as low risk because of minimal exposure to respiratory secretions (individual was not symptomatic in spaces), and CDC guidelines were vigilantly followed with frequent surface wipe downs, a request can be made to disinfect all high-traffic areas (Level 1 Cleaning).
 - ii. For areas assessed as medium risk because of exposure to respiratory secretions (individual was symptomatic in spaces for short period), but CDC guidelines were vigilantly followed with frequent surface wipe downs, Level 1 and either a 72-hour closure, or Level 2 (deep disinfection) cleaning can be requested. If a Level 2 Cleaning is requested, the areas with which the individual had direct contact will receive a Level 2 Cleaning, while the rest of the facility will be treated with a Level 1 Cleaning. (**Note:** Level 2 Cleaning requires the area to remain closed for 12-24 hours to allow the chemicals to dry and disinfect. Level 1 Cleaning areas can be reopened almost immediately after cleaning is complete.)
 - iii. For areas assessed as high risk because of significant exposure to respiratory secretions (individual was symptomatic in spaces for more than a short period, or someone realized he or she was sick and went home), and CDC guidelines were NOT vigilantly followed, with little surface wipe downs, a Level 2 Cleaning should be requested for the entire space.
 - iv. Cleaning and disinfecting are unnecessary if more than seven days have passed since the affected employee was in the workspace.
- The facility and safety POCs notify the supervisor/PM when cleaning is complete and facility can reopen to employees.
- Supervisor/PM sends an all clear email to employees, reminding them to follow CDC guidelines (e.g., social distancing and frequent handwashing) if they are working in the facility.



Proactive Prevention

To prevent COVID-19 spread proactively, the following list of cleaning processes, based on CDC guidance, should be used to clean and disinfect work spaces at work or home.

Clean:

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, particularly frequently touched surfaces that include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.

Disinfect:

- Clean the area or item with soap and water or other detergent; if it is dirty, use a household disinfectant.
- If no household disinfectant is available, make a solution using five tablespoons of bleach per gallon of water.
- Many products recommend keeping the surface wet for a period of time, so be sure to wear gloves and have good ventilation.

Soft Surfaces (carpets, rugs, drapes):

- Clean surface using soap and water or commercial cleaners appropriate for such surfaces.
- If possible, launder items using warmest appropriate water setting, and dry items completely.

Electronics (touch screens, keyboards, remote controls, ATMs):

- Use alcohol-based wipes or sprays containing at least 70% alcohol.
- Dry surface thoroughly.

Other Tips:

- Wash your hands often with soap and water for at least 20 seconds; or
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol.

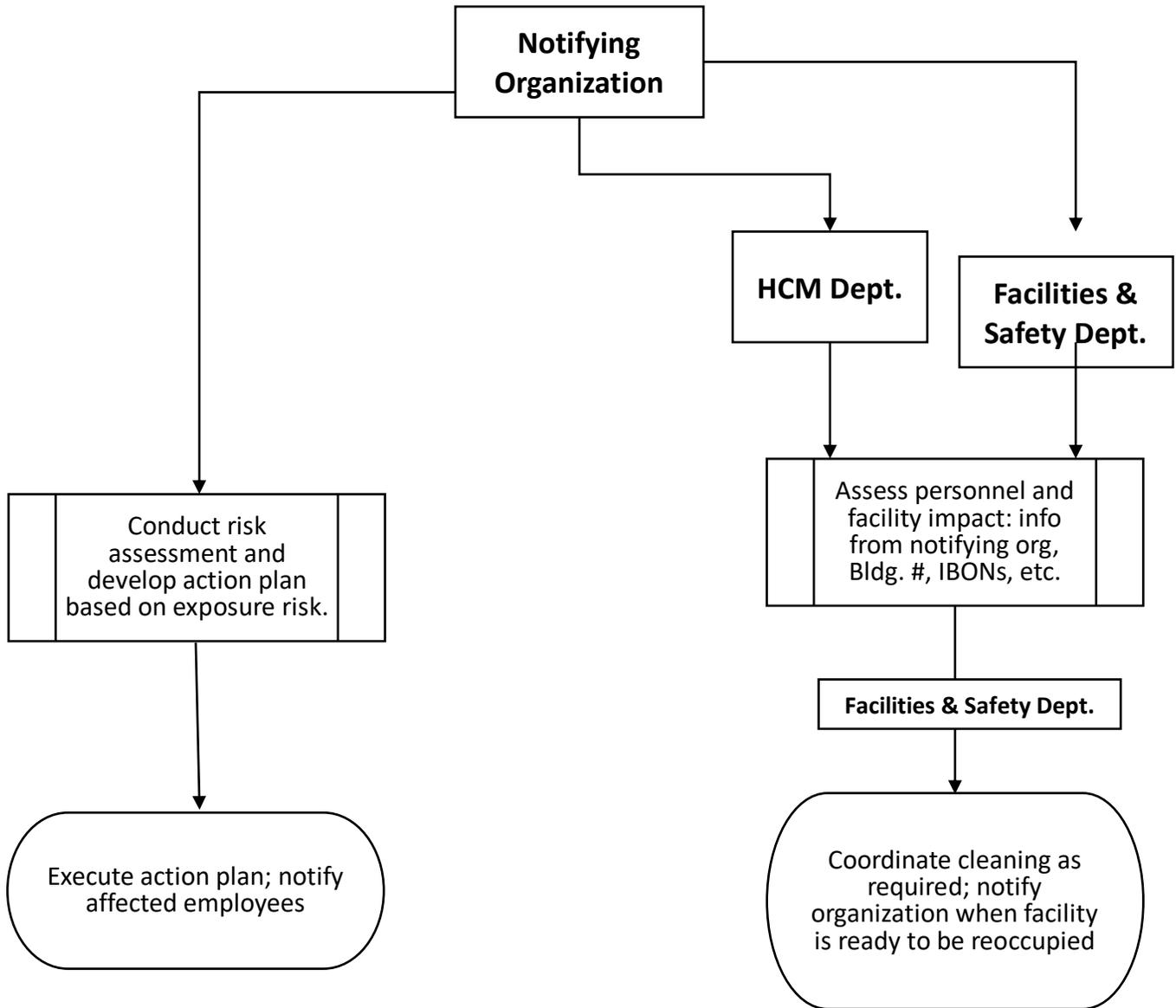
Key times to wash hands:

- After blowing your nose, coughing or sneezing
- After using the restroom
- Before eating or preparing food
- After contact with animals or pets
- Before and after providing child care



**FOR ACTIONS IN A FACILITY OCCUPIED BY ONE ORGANIZATION,
USE THE SINGLE SUPERVISORY CHAIN AFFECTED PROCESS.**

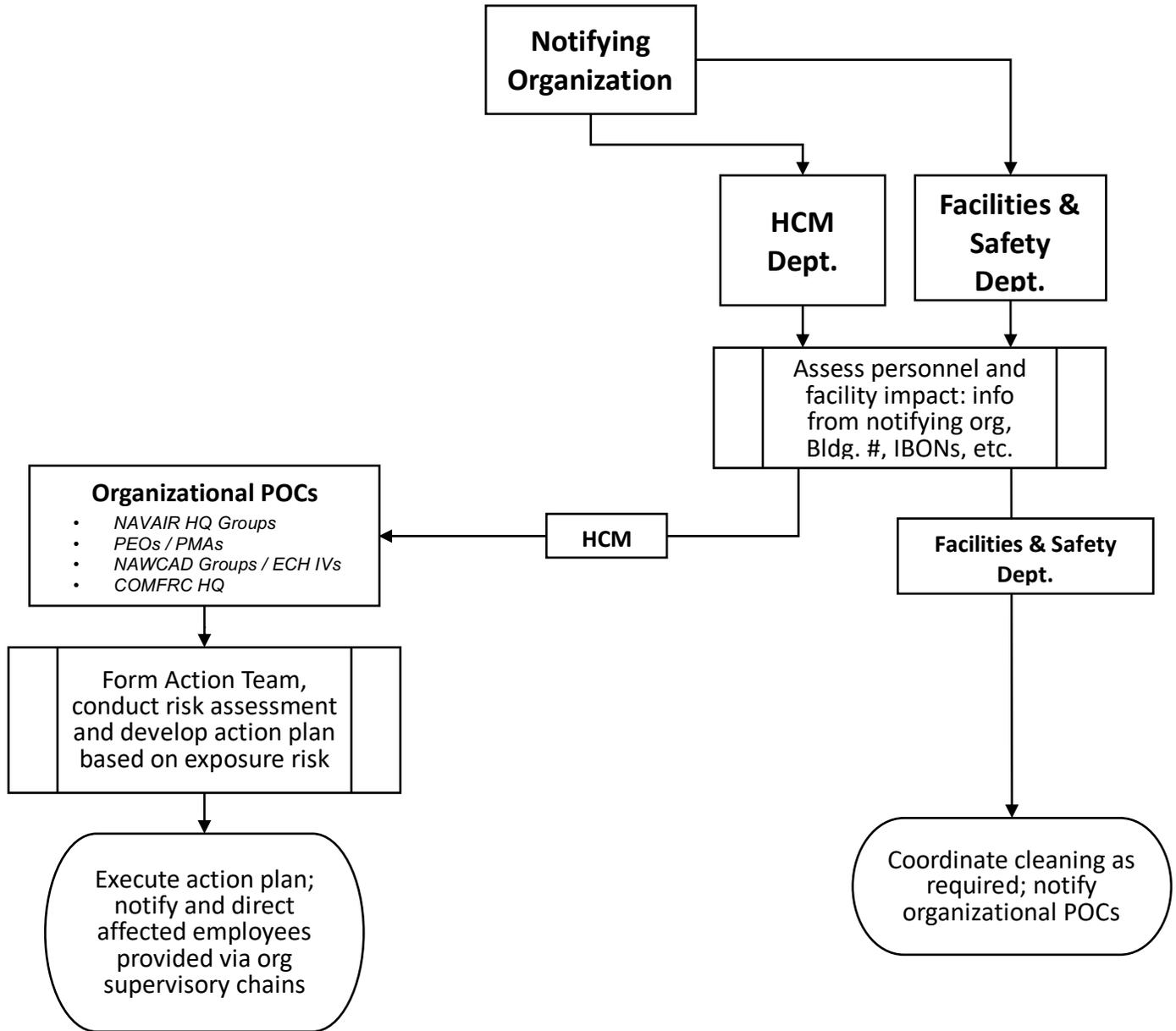
COVID-19 Tracing (Single Supervisory Chain Affected)





FOR ACTIONS IN A FACILITY OCCUPIED BY MORE THAN ONE ORGANIZATION,
USE THE MULTIPLE SUPERVISORY CHAIN AFFECTED PROCESS.

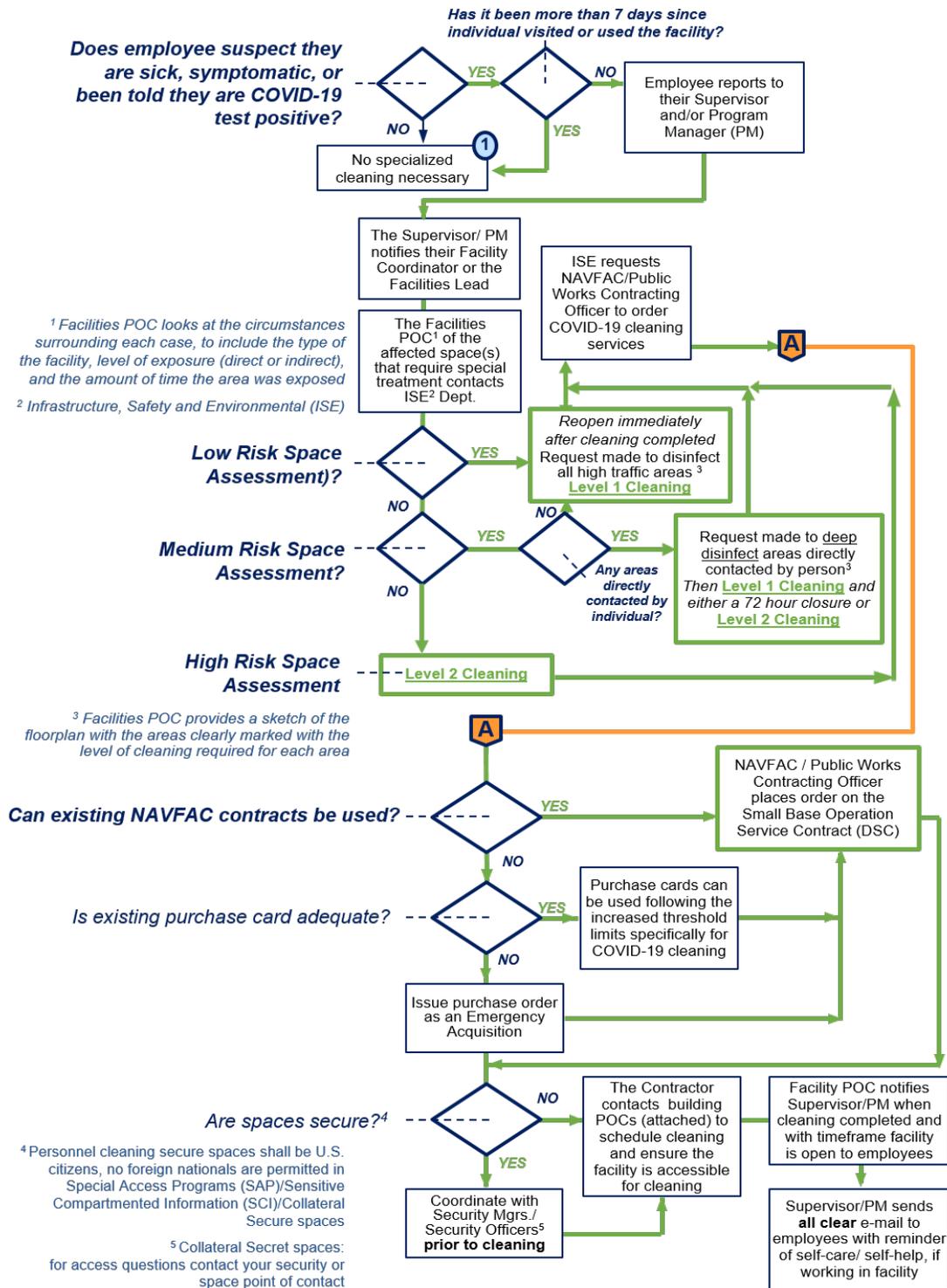
COVID-19 Tracing (Multiple Supervisory Chain Affected)





THE FOLLOWING DECISION DIAGRAM DEPICTS FACILITY CLEANING GUIDANCE.

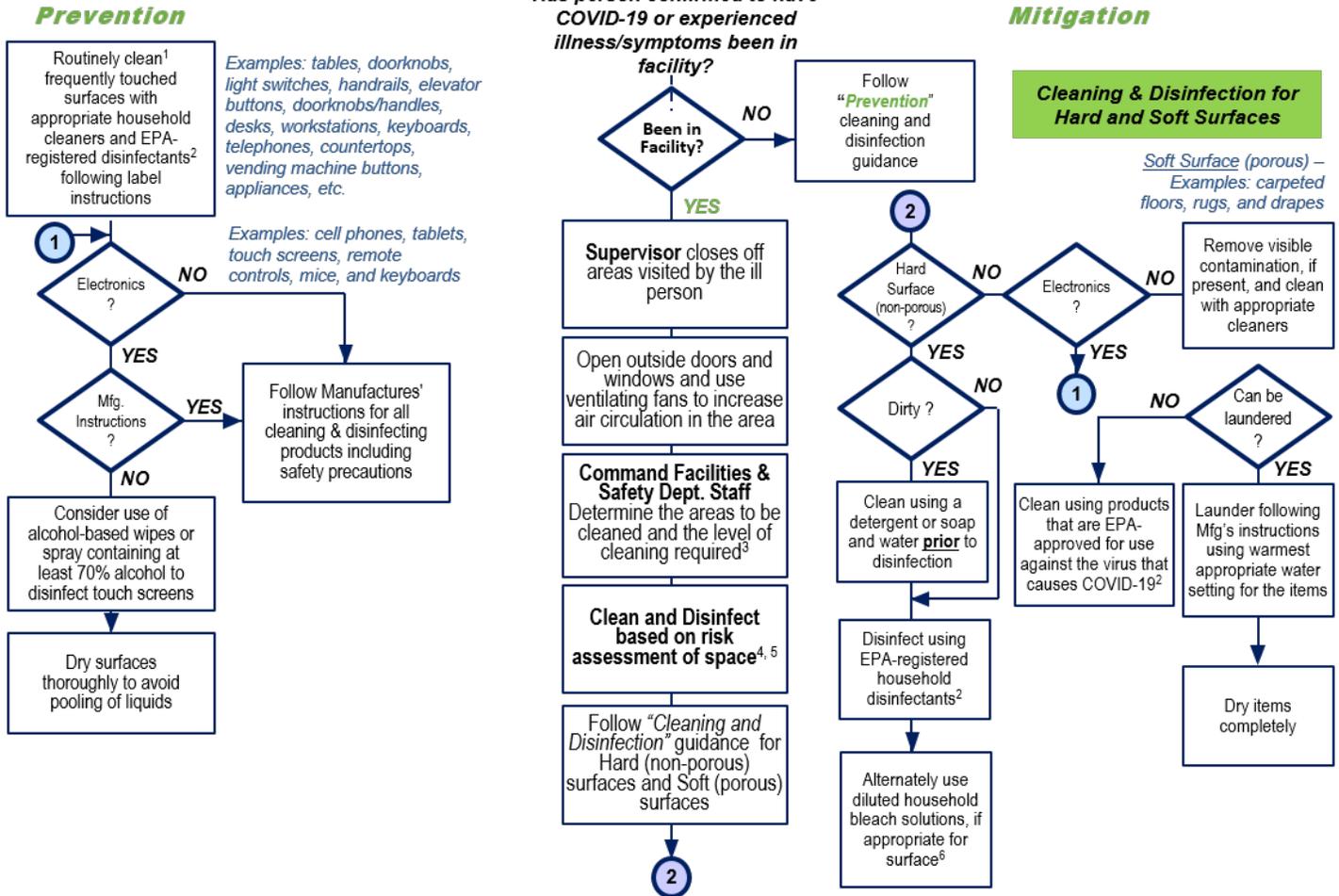
NAVAIR COVID-19 Facility Cleaning Guide





NAVAIR Facility Cleaning and Disinfecting

Clean visibly dirty surfaces followed by disinfection (allow to dry on surface)



¹ Performed by employees; in most cases, this frequency and level of cleaning is above the current level of cleaning provided by most janitorial contracts.

² Household cleaners and EPA-registered disinfectants (Located at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>)

³ This is a risk-based decision made in consultation with the appropriate supervisor, chain of command and the public health official.

⁴ Cleaning services can be provided by the local janitorial services provider (typically, janitorial services are performed by contracts administered by the local NAVFAC Public Works Department).

⁵ If the local janitorial services provider cannot meet NAVAIR mission requirements, the government purchase card and simplified acquisition procedures may alternatively be used to procure commercially provided cleaning services.

⁶ Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.

Unexpired household bleach will be effective against coronaviruses when diluted properly.

- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water



Section 4: COVID-19 Incident Reporting Process

NAVAIR is required to provide daily reports on the status of its personnel, as depicted in the COVID-19 reporting process chart on the next page.

Employees (CIV/MIL/CSS) should notify their supervisor/manager if they have symptoms, were exposed to COVID-19, are in self-quarantine or have tested positive for COVID-19.

Supervisors/managers should provide details on the situation to the following POCs (add them to your contact lists with phone numbers and emails):

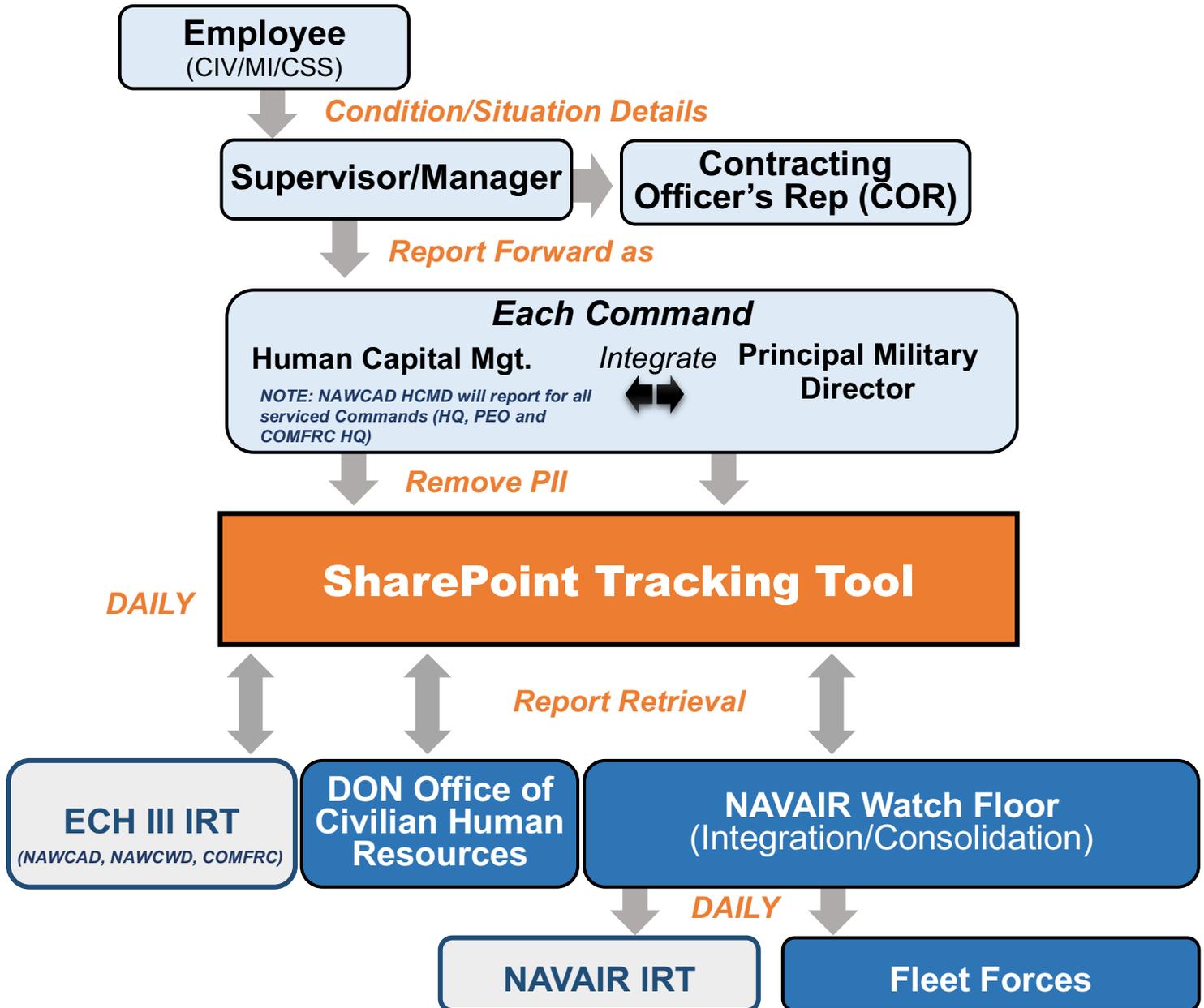
- Assigned Human Capital Management Department (HCMD) labor employee relations (LER) POCs
- Contracting officer's representative (for contractors performing on-site at a government facility/installation only)
- Principal military director (PMD) designee for military service members and dependents
- Safety Office via ESAM reporting. If you need assistance, contact your Safety Office.

Once these POCs have the information, they will upload the data to a SharePoint tracking tool for external reporting.

If you have questions, contact your assigned Human Capital Management and military contacts, identified on pages 14-15.



Covid-19 Reporting Process Flowchart



Once employees (CIV/MIL/CSS) notify their supervisor they have COVID-19 symptoms, were exposed to COVID-19, are self-quarantined or have tested positive for COVID-19, the supervisor should provide details to the appropriate Human Capital Management and military contacts.

Supervisors should help leadership in their chain of command prepare an operational report. Details for this report can be found on the COVID-19 SharePoint site.



Section 5: Return to Work Guidelines

The following general guidelines provide a framework for managing a return to work while avoiding infection and focusing on operational risk management. The guidelines may need to be deviated from to support mission-essential requirements and unique circumstances.

Employees who are sick/symptomatic with any illness should self-isolate at home and return to work when they meet the following criteria:

- At least 72 hours with resolution of fever (<100.4°F) without the use of fever-reducing medications
- No upper respiratory symptoms (e.g., cough, sneezing, runny nose) that cannot be controlled through medications (i.e., allergy medication)
- At least 10 days' isolation since symptoms first appeared; 14 days' quarantine for asymptomatic exposed staff who meet the definition of "close contact"
- An earlier return to on-site work can be discussed on a case-by-case basis with leadership and medical personnel to determine risk

COVID-19 cases, both those who have tested positive and those who are presumed positive, must meet all the following criteria to return to on-site work:

- At least 72 hours have passed since recovery (defined as resolution of fever without the use of fever-reducing medication)
- Free of all upper respiratory symptoms (e.g., cough, shortness of breath)
- Improvement of all other COVID-19 symptoms, as determined by a medical provider
- At least 10 days have elapsed since the symptoms first appeared or since the date of the first positive test, if asymptomatic

All others:

Symptom-based criteria (must meet the following):

- At least 72 hours have passed since recovery (defined as resolution of fever without the use of fever-reducing medication)
- Improvement in upper respiratory symptoms (e.g., cough, shortness of breath)
- At least 10 days have elapsed since the symptoms first appeared or test date, if asymptomatic

Test-based criteria (must meet the following):

- Resolution of fever without the use of fever-reducing medication
- Improvement in upper respiratory symptoms (e.g., cough, shortness of breath)
- Negative PCR (nasal swab) test results from at least two consecutive respiratory specimens collected more than or equal to 24 hours apart



Asymptomatic employees with risk exposure who meet the definition of “close contact” because they reside with symptomatic individuals should:

- Quarantine themselves for 14 days from the sick family member, or quarantine themselves for 14 days after the sick family member has 72 hours with no fever (<100.4°F) without the use of fever-reducing medications.
- If employee is asymptomatic for the entire 14-day period after that recovery, the employee may return to on-site work.
- Case-by-case risk determination of earlier return can be discussed with leadership and medical personnel.

Asymptomatic employees with risk exposure who meet the definition of “close contact” because of contact they made with a sick/symptomatic individual with whom they do not reside should:

- Stay home until 14 days after last exposure and maintain social distance (at least six feet) from others at all times
- Self-monitor for symptoms
- Check temperature twice a day
- Watch for fever, cough, shortness of breath or other symptoms of COVID-19
- Watch for fever or other symptoms of COVID-19
- Avoid contact with individuals at higher risk for severe illness from COVID-19
- If asymptomatic for entire period, the employee may return to on-site work.
- Case-by-case risk determination of earlier return can be discussed with leadership and medical personnel.



Section 6: COVID-19 Loss of Life Reporting Checklist

In the unfortunate event a NAVAIR service member, civilian or on-site contractor loses his or her life due to COVID-19 complications, supervisors should remain calm, gather the facts and follow the reporting guidance below.

Additionally, employees will look to their supervisors for cues on what to do next and how to process the tragedy. Here are some tips to help you navigate this sensitive time:

- Ensure employees' safety. Make certain employees are safe above all else. Our top priority is the health and safety of our workforce.
- Be supportive and sensitive. The emotional environment at work may change following the loss of a co-worker. As a supervisor, you should acknowledge the loss and help employees through the grieving process.
- Seek assistance. If you or your employees need support, reach out to your local Civilian Employee Assistance Program or Fleet and Family Services.

Note: A public health official or medical professional must confirm a death because of COVID-19 before action is taken.

Notification Process

- The county/state health department notifies the command or base Public Health Emergency Officer (PHEO).
- The PHEO notifies the NAVAIR Battle Watch Commander
- The NAVAIR Battle Watch Commander notifies the appropriate command POC:
- Civilian/contractor: Human Capital Management Department (HCM)
- Military: Military Personnel Department
- The command POC notifies the supervisor and/or COR.
- The command POC coordinates with the supervisor/COR, as needed, to complete an operational report.

Note: If a supervisor/COR is notified directly, he/she should notify the appropriate command POC to ensure closed loop notification to the NAVAIR Battle Watch Commander and PHEO.

Supervisor Responsibilities (Civilian & Military)

- Notify others (i.e., team lead, co-located organization's chain-of-command, service member's detachment or country POC) as appropriate/required, and follow command and/or local installation notification procedures.
- Follow Commander's Guide to Casualty Assistance to report incident to chain-of-command (military only).
- Work with HCM to execute required human resources actions and support (civilians only).
- After discussion with Safety Department, if work-related case, enter in ESAM

If not already completed, or if employee was in the on-site workspace within the last seven days:

- Coordinate with Facilities to conduct risk assessment and develop action plan.



- Notify employees who may have been in contact with the deceased of potential exposure risk.
- Coordinate cleaning and notify occupants when completed.

COR Responsibilities (Contractor)

- Make an initial call to the contractor's company to begin coordination.
- Coordinate with the contractor's company to execute any additional required processes (i.e., checkout).

If not already completed, or if employee was in the on-site workspace within the last seven days:

- Contact Facilities Department.
- Coordinate with supported organizations to conduct risk assessment, develop action plan and notify employees who may have come into contact with the deceased of their exposure risk (if required).



COVID-19 Loss of Life Reporting Checklist

This document outlines the notification process and supervisor and/or Contracting Officer Representative (COR)'s responsibilities in case of loss of life of a NAVAIR service member, civilian or on-site contractor because of COVID-19.

Note: A public health official or medical professional **must** confirm a death because of COVID-19 before taking action.

Notification Process

- The county/state health department notifies the command or base Public Health Emergency Officer (PHEO).
- The Command PHEO notifies the NAVAIR Battle Watch Commander.
- The NAVAIR Battle Watch Commander notifies the appropriate command POCs:
 - Civilian/contractor POC
 - Military POC
- The command POC notifies the supervisor and/or COR; for civilians, the servicing Human Capital consultant.
- The command POC coordinates with the supervisor/COR, as needed, to complete an operational report.

Note: If a supervisor/COR is notified directly, he/she should notify the appropriate command POC to ensure closed loop notification to the NAVAIR Battle Watch Commander and Command PHEO.

Supervisor Responsibilities (Civilian & Military)

- Notify others (i.e., team lead, co-located organization's chain-of-command, service members' detachment or country POC), as appropriate/required, and follow command and/or local installation notification procedures.
 - Follow Commander's Guide to Casualty Assistance to report incident to chain-of-command (military only).
 - Work with Human Capital Management Department to execute required HR actions and support (civilians only)
 - After discussion with Safety Department, if work-related case, enter in ESAMs
NOTE: Safety Department determines work-relatedness (using OSHA's definition) for OSHA reporting/recording. This item is time critical; work-related fatalities must be reported to OSHA within 8 hours of notification.
 - Notify employees who may have been in contact with the deceased of potential exposure risk.
 - Coordinate cleaning and notify occupants when completed.
-

COR Responsibilities (Contractor)

- Call the contractor's company to begin coordination.
- Coordinate with the contractor's company to execute any additional processes required (i.e., checkout)

If not already completed or if employee was in the on-site workspace within the last 7 days:

- Contact Facilities Department.
- Coordinate with supported organizations to conduct risk assessment, develop action plan and notify employees who may have come into contact with the deceased of exposure risk (if required).