



COVID-19 Exposure Incident Form

COVID-19 “exposure” includes the following:

- 1. Incidents where the work site is not following the rules, procedures and guidance related to COVID-19 protection which results worker exposure to a confirmed or suspected case of COVID-19; or**
- 2. Incidents where the COVID-19 controls in place have failed which results in worker exposure to a confirmed or suspected case of COVID-19.**

COVID-19 “near miss” an event not causing harm but has the potential to cause ill health; means where the individual does not develop any symptoms linked to COVID-19 but may have come into contact with someone diagnosed with COVID-19 as a result of a work/learning/community activity, for example:

- Failure to wear face-covering/N-95 respirator properly**
- Face-covering/N-95 respirator fails to provide protection due to damage**
- Daily health check not completed honestly**
- COVID-19 infection controls not adhered to (e.g. no 2 metre physical distance, no hand wash/sanitize)**
- Contact with a COVID-19 infected individual at a community event**

The personal information on this form is being collected under the authority of the Occupational Health and Safety Act and the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta. It will be used by the Health Safety and Wellness Centre to facilitate an incident investigation and follow up. The information may be shared with incident and insurance investigators. It will be protected in compliance with FOIP and retained according to approved Information Management guidelines, then confidentially destroyed. If you have any questions about the collection or use of this information, contact the Manager, Health Safety and Wellness Centre at 403-342-3268.

A) TO BE COMPLETED BY AFFECTED PERSON OR SUPERVISOR AND EMAIL TO: Health.Safety@rdc.ab.ca

YOUR INFORMATION (AFFECTED PERSON)	
LAST AND FIRST NAME	TELEPHONE NUMBER
NAME OF SCHOOL/DIVISION	OCCUPATION
NAME OF MANAGER	TELEPHONE NUMBER
DATE OF COVID-19 NEAR MISS	
DETAILS OF INCIDENT	
LOCATION	
DESCRIBE THE COVID-19 EXPOSURE INCIDENT (please include photographs and how long you were in the area or in contact with suspected/confirmed case, if applicable)	



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WHAT COVID-19 INFECTION CONTROL MEASURES WERE IN PLACE AT THE TIME?

B) TO BE COMPLETED BY HEALTH, SAFETY AND WELLNESS (HSW) OCCUPATIONAL HEALTH AND SAFETY OFFICER AND OCCUPATIONAL HEALTH NURSE

Was a Workers' Compensation Board form completed? Yes No (provide explanation)

Was the Alberta OHS Contact Centre at 1-866-415-8690 contacted? Yes No (provide explanation)

RDC OHS OFFICER CORRECTIVE ACTION RECOMMENDATIONS

C) TO BE COMPLETED BY SENIOR ADMINISTRATION TEAM MEMBER AND ASSOCIATE DEAN (if applicable)

The HSW requires the Senior Administration Team Member/Associate Dean to:

1. Read the Incident Report emailed to them by HSW
2. In a reply email to Health.Safety@rdc.ab.ca state that " I, **INSERT NAME & TITLE**, have read the attached Incident Report and agree to the corrective action recommendations"
3. Attached the Incident Report and send reply email to Health.Safety@rdc.ab.ca

SENIOR ADMINISTRATION TEAM MEMBER/ASSOCIATE DEAN ACKNOWLEDGEMENT

NAME OF SENIOR ADMINISTRATION TEAM MEMBER

PHONE NUMBER OF SENIOR ADMINISTRATION TEAM MEMBER