COVID-19 Workplace Reporting Tool - Preview

1. Place select your type of workplace.
   - Long-Term Care & Retirement Homes
   - Acute Care Facilities (e.g., Hospitals), Complex Continuing Care, Rehabilitation Hospitals and Reactivation Care Centres
   - Shelters
   - Correctional Facilities
   - Congregate Settings (e.g. Group Home)
   - Drop-in Facilities
   - Childcare Settings & Day Camps
   - Schools – Elementary, Middle, Secondary
   - TCHC buildings
   - Adult Learning/Post-Secondary Education (e.g., College or University Campus)
   - Event venues (e.g., Wedding, Funeral, Large Party), and Religious Facilities
   - Bar, Restaurant, Nightclub, Adult Entertainment and other Entertainment Venues
   - Medical Health Services (e.g., Doctor’s Offices, Physiotherapy/Chiropractic Clinics, Dental Settings, and Wellness Clinics)
   - Community Healthcare agencies (e.g., PSW Agency)
   - Warehouses, Shipping & Distribution, Manufacturing, Factories (e.g., Clothing, Furniture, Windows & Doors)
   - Construction (e.g., Home Builder, Public Infrastructure Construction Site)
   - Recreational Fitness Facilities (e.g., Group Fitness Classes, Team Sports and Related Events)
   - Personal Service Settings (e.g., Hair Salons, Tattoo Parlours, Nail Salons and Spas)
   - Retail Settings (e.g., Grocery Stores, Pharmacies, Malls and Independent Stores)
   - Residential/Condo Buildings
   - Office Environments (e.g., Banks, Call Centres)
   - Food Processing Plants (e.g. Meat Processing, Bakery)
   - Other workplaces and community settings not captured in any of the categories above
   - Unknown

2. Please select one option:
   - This is the first time I am completing the COVID-19 Workplace Reporting Tool
   - I am making an update to a previous report/I want to report new cases of COVID-19 at a previously reported workplace

3. Has your workplace previously been investigated by Toronto Public Health?
   - Yes
   - No
   - I do not know

4. Please complete the information below:

"Workplace" refers to the specific workplace location where the employees worked. For example, the City of Toronto is an employer/parent company and the workplace is City Hall.

   Workplace Name: ___________________
   Workplace Address: ___________________
   Workplace City: ___________________
5. Complete if different from above:

"Employer/Parent Company" refers to the organization's head office. For example, the City of Toronto is an employer/parent company and the workplace is City Hall.

Employer/Parent Company Name: ______________________
Employer/Parent Company Address: ______________________
Employer/Parent Company City: ______________________
Employer/Parent Company Province: ______________________
Employer/Parent Company Postal Code: ______________________

6. Employer/ Parent Company Phone Number: ______________________

7. Please complete the information below.
   First Name of Person Completing this Report: ______________________
   Last Name of Person Completing this Report: ______________________
   Title of Person Completing this Report: ______________________
   Phone Number of the Person Completing this Report: ______________________

8. Email of the Person Completing this Report: ______________________

9. Are you reporting on behalf of a subcontractor OR third party? Yes/ No

10. Please provide us with the following information:
    Subcontractor/Third Party Employer Name: ______________________
    Subcontractor/Third Party Contact Phone Number: ______________________
    Subcontractor/Third Party Contact Email: ______________________

11. Would you like to add additional an subcontractor or third party? Yes/ No

12. Please provide us with the following information:
    Subcontractor/Third Party Employer Name: ______________________
    Subcontractor/Third Party Contact Phone Number: ______________________
    Subcontractor/Third Party Contact Email: ______________________

13. Workplace COVID-19 Reporting
    What is the total number employees who work at this workplace? ____
    How many employees (on average) typically work at the workplace each day? ____
    How many employees tested positive for COVID-19 within a 14-day period at your workplace? ____

14. To the best of your knowledge, what is the last day that an employee who tested positive for COVID-19 attended the workplace? ____
Now that we have determined that there are employees who tested positive for COVID-19 within a 14-day period, we need to determine if they were infectious while they were at work.

**Symptomatic Case:** A person with COVID-19 is contagious from 48 hours before symptoms start until the end of their self-isolation period, usually 10 days after the day symptoms began.

**Asymptomatic Case:** If an individual has no symptoms, they are considered contagious from 48 hours before the date they were tested until 10 days after the test date.

*Example:* If an employee develops a fever and cough on September 4 and tests positive for COVID-19, they would be considered contagious between September 2 and September 14.

15. Based on the information above, did an employee who tested positive for COVID-19 attend the workplace while they were infectious? Yes/ No / I don't know

16. How many of the employees who tested positive for COVID-19 attended the workplace while infectious? ____________

17. Are you aware that any of the cases you are reporting are related to a variant of concern? (i.e. Alpha, Beta, Gamma, Delta, etc.) Yes/ No / I don't know

18. Are you aware of other employees who acquired COVID-19 due to spread in the workplace? Yes/ No / I don't know

19. If yes, please describe. ____________________

20. If yes, have you reported these cases to the Ministry of Labour, Training and Skills Development? Yes/ No/ If yes, please enter the event number if available: ________________