



## COVID-19 OUTBOUND CONTACT SHAREPOINT QUICK REFERENCE SHEET

Please note that the Pandemic Response Hub can only be accessed via Internet Explorer or Google Chrome.



### FOR LEADERS OF PEOPLE:

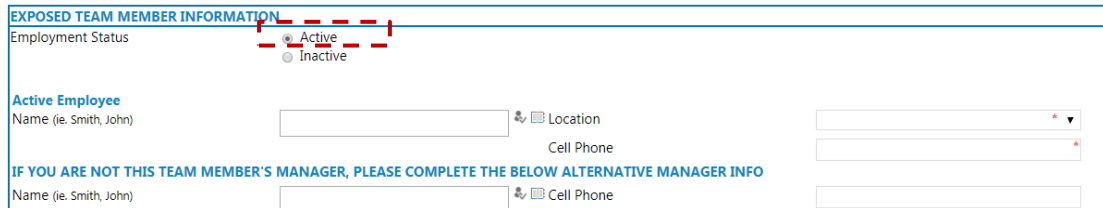
Leaders of people will use the Contact Tracing Forms in SharePoint to record team members and vendor/contractor employees who were potentially exposed to a team member with a confirmed case of COVID-19.

1. Once you report a case of COVID-19 and it has been confirmed by one of our Corporate Medical Doctors, you'll receive an email from the American Airlines Pandemic Response Team. From this email, click on "**Team Member Contact Tracing Form.**"
2. Begin filling out the **Team Member Contact Tracing Form.**
  - a. First **copy and paste the "Case Management ID"** found in the email. Then press "tab" on your keyboard or click outside the field. The fields for your name, cell phone number, "Positive Case: First Date of Symptoms" and "Positive Case: Last Date Worked" will auto-populate.
  - b. For the question: "**Have Other Team Members Been Exposed?**" ensure "**Yes**" is selected. However, if it has been determined that no team members were exposed, select "**No.**" If you select "**No,**" complete the facilities cleaning section, then skip to the bottom of the form to "**Submit.**"
  - c. For the question: "**Is facility cleaning required for this case?**" If you select "**Yes,**" you are required to fill out the fields in the blue "**Facilities Cleaning**" box below. If you select "**No**" or "**N/A,**" you can skip the questions blue box below. This question must be filled out to submit the form.

<b>Case Management ID</b>	<input type="text"/>	<b>Manager Cell Phone</b>	<input type="text"/>
<b>Manager Name (i.e. Smith, John)</b>	<input type="text"/>	<b>Positive Case: Last Date Worked</b>	<input type="text"/>
<b>Positive Case: First Date of Symptoms</b>	<input type="text"/>	<b>Is facility cleaning required for this case?</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>Have Other Team Members Been Exposed?</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>Facilities Cleaning</b>			
Has the facility been cleaned for this case?			
<input type="radio"/> Yes <input type="radio"/> No			
When was the facility cleaned or when has it been scheduled to be cleaned?			
<input type="text"/>			




3. In the next section, **enter the information for each team member** who may have come in contact with the confirmed case.
  - a. **ACTIVE EMPLOYMENT STATUS:** If the exposed team member's employment status is active, ensure **"active"** is selected. Once the name is entered, you may need to press **"tab"** on your keyboard or use the **"validate icon"**  to confirm the entry. You can also use the **"address book icon"**  to search for a team member by name. Add the **location** and **cell phone number**. If you are not the manager, add **alternative manager information**.



**EXPOSED TEAM MEMBER INFORMATION**


Employment Status  Active  Inactive

**Active Employee**

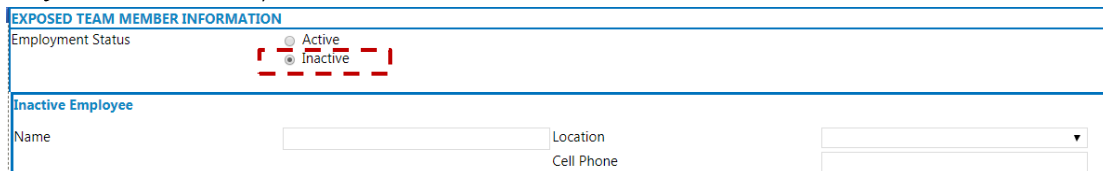
Name (ie. Smith, John)   Location

Cell Phone

**IF YOU ARE NOT THIS TEAM MEMBER'S MANAGER, PLEASE COMPLETE THE BELOW ALTERNATIVE MANAGER INFO**

Name (ie. Smith, John)   Cell Phone

- b. **INACTIVE EMPLOYMENT STATUS:** If the exposed team member's employment status is inactive, select **"inactive."** Provide their full **name, location** and **cell phone** number. (The inactive exposed team member will only be notified via phone, and will be left a voicemail if they can't be reached.)



**EXPOSED TEAM MEMBER INFORMATION**

Employment Status  Active  Inactive

**Inactive Employee**

Name  Location

Cell Phone

4. Click **"Add Team Member"** to fill out a new section for each potentially exposed team member.



5. Once you finish filling in this form for all potentially exposed team members, click **"Submit."** This action will trigger an automated email to the dispatcher. Refresh the page to access a new **Contact Tracing Form**. If you do not have the information for all team members, you can always return to the Contact Tracing Form to submit another set of team member names at a later time.



## REGIONAL/ WHOLLY OWNED CONTACT TRACING FORM

1. If the confirmed team member also came in contact with a Regional/ Wholly Owned team member(s), fill out the **Regional/ Wholly Owned Contact Tracing Form**.
  - a. First **copy and paste the "Case Management ID"** found in the email. Then press **"tab"** on your keyboard or click outside the field. The fields for your name, cell phone number, **"Positive Case: First Date of Symptoms"** and **"Positive Case: Last Date Worked"** and **"Location"** will auto-populate.
  - b. For the question: **"Have Regional/ Wholly Owned Team Members Been Exposed?"** ensure **"Yes"** is selected if they have been exposed.
  - c. For the question, **"Is the Regional/ Wholly Owned Team Members Name Known?"** select **"Yes"** if names are known or select **"No"** if names are unknown. (Note that you will include names in the section below if you have selected **"Yes."**)



- d. Next, enter the **Regional/ Wholly Owned Manager's Name** and **their phone number** in the appropriate fields.
- e. The **location** field should have auto-populated when you copied and pasted the Case Management ID. If it did not, you can start typing the three letter location code and select or click on the dropdown and select.
- f. Select the **Regional/Wholly Owned Carrier** using the dropdown.

## Vendor/Contractor Contact Tracing Form



Case Management ID	<input type="text"/>		
Manager Name (i.e. Smith, John)	<input type="text"/>	Manager Cell Phone	<input type="text"/>
Positive Case: First Date of Symptoms	<input type="text"/>	Positive Case: Last Date Worked	<input type="text"/>
Have Regional / Wholly Owned Team Members Been Exposed?	<input type="radio"/> Yes <input type="radio"/> No	Is the Regional / Wholly Owned team member's name known?:	<input type="radio"/> Yes <input type="radio"/> No
Regional / Wholly Owned Manager's Name:	<input type="text"/>	Regional / Wholly Owned Manager's Phone:	<input type="text"/>
Location:	<input type="text"/>	Regional / Wholly Owned Carrier:	<input type="text"/>

- 2. If you selected “**Yes**” for “**Is the Regional/ Wholly Owned Team Members Name Known**” question above, list the names in the “**Notes**” section. If Regional/ Wholly Owned Team Members names are unknown, leave blank.
- 3. Once complete, click “**Submit**.”

5. If you selected “**Yes**” for “**Is the Regional/ Wholly Owned Team Members Name Known**” question above, list the names in the “**Notes**” section.  
6. Once complete, click “**Submit**.”

### EXPOSED TEAM MEMBER INFORMATION

Please list names of all known Regional / Wholly Owned team members possibly exposed in the Notes box below.

Notes:

Submit

## VENDOR/ CONTRACTOR CONTACT TRACING FORM

1. If the confirmed team member also came in contact with a vendor/contractor employee(s), fill out the vendor/contractor Contact Tracing Form. First copy and paste the “Case Management ID” found in the email. Then press “tab” on your keyboard or click outside the field. The fields for your name, cell phone number, “Positive Case: First Date of Symptoms” and “Positive Case: Last Date Worked” will auto-populate.

### Vendor/Contractor Contact Tracing Form

**Case Management ID**

<b>Manager Name</b> (i.e. Smith, John)	<b>Manager Cell Phone</b>
<b>Positive Case: First Date of Symptoms</b>	<b>Positive Case: Last Date Worked</b>

2. In the next section, enter the vendor/contractor information. Search for the **Vendor/Contractor Organization name** of the exposed vendor/contractor employee using the dropdown and type in the location. If you cannot locate the **Vendor/Contractor Organization name** in the dropdown, scroll to the bottom of the list and select “**OTHER.**” Then fill out the section in the blue rectangle below.

**VENDOR/CONTRACTOR INFORMATION**

Vendor/Contractor Organization	
Vendor/Contractor Location	

If you cannot locate vendor/ contractor organization name in the dropdown, click “OTHER” in the dropdown list. Then fill out the fields in the section below.

Vendor/Contractor Organization	
Vendor/Contractor Manager Name	Vendor/Contractor Manager Email

3. If you know the names of the exposed vendor/contractor employee(s), you may enter them in the **Notes** section. (This section will only appear in the email sent to the vendor/contractor point of contacts if it is filled out. If you do not know this information, you may leave it blank.)

**POSSIBLY EXPOSED VENDOR/CONTRACTOR EMPLOYEE NAMES IF KNOWN**

Notes

4. If you have additional potentially exposed vendor/contractor employees from other vendor/contractor organizations, click “**Add Vendor/Contractor Organization.**” Fill out a new section for each organization in which an employee was exposed. (If there is more than one vendor/contractor employee from the **same** vendor/contractor organization, you DO NOT need to fill out the form again.)

+ Add Vendor/Contractor Organization

5. Once you finish filling in this form for all potentially exposed employees from vendor/contractor organizations, click “**Submit.**” This action will trigger an automated email the vendor/contractor point of contacts notifying them that their “employee(s)” was potentially exposed. You will be copied in the email as a confirmation that it was sent to the vendor/contractor. However, the vendor/contractor email recipient will be instructed to contact [covid19support@aa.com](mailto:covid19support@aa.com) if they have any questions. Refresh the page to access a new **Vendor/Contractor Contact Tracing Form.**

+ Add Vendor/Contractor Organization

## CHECKING THE STATUS OF A CONTACT TRACING SUBMISSION

To check the status of a new contact tracing submission or any previous contact tracing submission, visit the [Tracing Status Report](#). You'll see a list of Case Management IDs. When you click the triangle, you'll be able to view all exposed team members and notification status. Please note you'll only be able to view exposed team members that you've submitted on a Contact Tracing Form or exposed team members for whom you've been identified as their Manager.

American Airlines Pandemic Response Team Search this site

### Contact Tracing List

[+ new item](#)

All Items All Items w/ Notes **Manager Status Updates** ...

✓	Default Manager Name	Case Management ID	Team Member Name	Location	Positive Case First Date of Symptoms	Positive Case Last Date Worked	Contact Status	First Call Date/Time	Send follow-up email to team member/manager	Created	Created By
▶	Case Management ID : 627040 (3)										
▢	Last Name, First Name	627040	Last Name, First Name	location	4/15/2020	4/15/2020	Call made - left messages	5/1/2020 12:39 PM	Yes	5/1/2020 12:00 PM	Last Name, First Name
▢	Last Name, First Name	627040	Last Name, First Name	location	4/15/2020	4/15/2020	Call made - left messages	5/1/2020 1:08 PM	Yes	5/1/2020 12:00 PM	Last Name, First Name
▢	Last Name, First Name	627040	Last Name, First Name	location	4/15/2020	4/15/2020	Call made - left messages	5/1/2020 1:08 PM	Yes	5/1/2020 12:00 PM	Last Name, First Name
▶	Case Management ID : 627443 (21)										
▶	Case Management ID : 627769 (6)										
▶	Case Management ID : 627812 (4)										
▶	Case Management ID : 627820 (8)										
▶	Case Management ID : 627891 (8)										
▶	Case Management ID : 627981 (3)										
▶	Case Management ID : 627982 (16)										
▶	Case Management ID : 628025 (5)										
▶	Case Management ID : 628052 (3)										
▶	Case Management ID : 628073 (12)										
▶	Case Management ID : 628180 (3)										