

RMI/SIR – Covid-19 Selection Guide Rev1

#	Field (Page)	Selection
1	<u>Event Investigation</u>	<p>Investigation Type: * ⓘ Mishap</p> <p>Category: * ⓘ Ground</p> <p>Subcategory Tier 1: * Afloat or Ground Industrial and Occupational</p> <p>Event Type Tier 1: * Occupational Illness</p> <p>Definitions & Examples</p>
2	<u>Event Type</u> (General Information)	<p>Event Type: Tier 1: Occupational Illness</p> <p>Tier 2: All Other Illnesses</p>
3	<u>Event One Liners</u> (General Information)	<p>THE ONE LINER WILL NOT CONTAIN PRIVILEGED SAFETY INFORMATION ⓘ</p> <p>WHAT WAS THE ACTIVITY? ON-DUTY EXPOSURE</p> <p>WHAT HAPPENED? OCCUPATIONAL ILLNESS</p> <p>WHAT WAS DAMAGED/BROKEN/INJURED? EXPOSURE TO COVID-19</p> <p>WHAT WAS THE OUTCOME? 14 DAYS LWT</p> <p>Spell Check</p> <p>ONE LINER FORMAT AND EXAMPLES</p>
4	<u>Risk Management</u>	<p>Deliberate or Real-Time / Time-Critical Risk Management processes were: *</p> <p><input type="radio"/> Conducted prior to the event <input type="radio"/> Not Conducted prior to the event <input checked="" type="radio"/> Could not be determined</p>
5	<u>Illness Form Submitted</u> (Occupational Illness)	<p>Illness Form Submitted:</p> <p><input checked="" type="checkbox"/> CA-2</p> <p><input type="checkbox"/> CA-6</p> <p><input type="checkbox"/> LS-201</p> <p><input type="checkbox"/> LS-202</p> <p><input type="checkbox"/> OSHA Form 301</p> <p><input type="checkbox"/> Other, Describe</p>
6	<u>Illness Exposure Duration</u> (Occupational Illness)	<p>***Date exposure began date exposure ended is the date determined by contract tracing. ***</p> <p>Illness Exposure Duration ⓘ</p> <p>Date Exposure Began: 01 JUL 2020</p> <p>Date Exposure Ended: 02 JUL 2020</p> <p>Total Days Exposed: 1</p>
7	<u>Date of Symptom Onset</u>	<p>***Date of symptom onset is the date the member began experiencing COVID-19 related symptoms, if asymptomatic exposure then check the box "Unable to determine." ***</p>

	(Occupational Illness)	<p>Date of Symptom Onset: <input type="text" value="01 JUL 2020"/> </p> <p><input type="checkbox"/> Unable to Determine</p> <p>Preliminary Diagnosis Tier 1: <input type="text" value="Infectious"/></p> <p>Preliminary Diagnosis Tier 2: <input type="text" value="COVID-19"/></p> <p>Preliminary Diagnosis Tier 3: <input type="text" value="No Further Breakdown"/></p>
8	<u>Date of Preliminary Diagnosis</u> (Occupational Illness)	<p>***Date of the Preliminary diagnosis given to the member from a competent medical provider.***</p> <p>Date of Preliminary Diagnosis: <input type="text" value="01 JUL 2020"/> </p> <p>Treatment Administered: <input type="text" value="Emergency Treatment"/></p> <p>Type of Hazard: <input type="text" value="Biological"/></p> <p>Exposure Route: <input type="text" value="Respiratory Tract"/></p> <p>Illness due to routine activities? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
9	<u>Final Determination</u> (Occupational Illness)	<p>Do you have enough information to make a final determination? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Final Diagnosis Tier 1: * <input type="text" value="Infectious"/></p> <p>Final Diagnosis Tier 2: * <input type="text" value="COVID-19"/></p> <p>Final Diagnosis Tier 3: * <input type="text" value="No Further Breakdown"/></p> <p>Date of Final Diagnosis: <input type="text" value="01 MAR 2021"/> </p> <p>Have you determined this condition as an occupational illness? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
10	<u>Injury Information</u> (Injuries)	<p>Injured Body Part Tier 1: * <input type="text" value="Body (General, Cannot Specify)"/></p> <p>Injury Type: * <input type="text" value="External Causes (Other Effects of)"/> Need help with injury types?</p> <p>Injury Mechanism: <input checked="" type="checkbox"/> Use the injury mechanism drill-down selector instead of the auto-complete.</p> <p>Injury Mechanism Tier 1: <input type="text" value="Breathing Threats"/></p> <p>Injury Mechanism Tier 2: <input type="text" value="Other"/></p>
11	<u>Casual Factors</u> (Factors)	<p>***Factor should represent information known with a minimum mention of COVID-19.***</p>

		<p>Factor Title: * <input type="text" value="Exposure to COVID-19"/></p> <p>Investigative Area: * <input type="text" value="Other"/></p> <p>Investigation & Analysis Narrative: * <input type="button" value="Spell Check"/> Detailed Instructions <input type="text" value="On-Duty exposure to COVID-19."/></p> <p>Determination: * <input type="text" value="Causal Factor"/></p>
12	<p><u>Event Human Factors</u> (HFAC-MFAC)</p>	<p>***Choose MOST appropriate Event Level or Person Level Human Factors. Material Factors do NOT apply.***</p> <p><small>INFORMATION: If further assistance is needed, please contact a physiologist on your base, your MAJCOM SEH (if available) or contact the SEH division at AFSEC. REFERENCES: DoD HFACS Overview DoD HFACS Guide DoD HFACS Structure on One Page</small></p> <p>Are human factors applicable to this event? <input checked="" type="radio"/> Yes <input type="radio"/> No <small>(Please Select and Rate All Applicable Human Factors)</small></p>