

# Guide "C"

## 3<sup>rd</sup> Party(Contractor/Vendors)

who are COVID-19-positive; have fever, cough, or shortness of breath; or are a Person Under Investigation by the Alaska Department of Health and Social Services (DHSS) if within contact of UAA operations or in UAA facilities in the past 48 hrs"

**If you become symptomatic or find out you are COVID-19 Positive**

Notify your Supervisor

Supervisor notify your contract administrator

**Leave  
Campus  
Follow  
Employers  
Instructions**

Notify EHSRM (907)-205-6941  
& email  
[UAA\\_ehsrms@alaska.edu](mailto:UAA_ehsrms@alaska.edu)

- Nature of COVID-19-related status (positive, under investigation, symptoms);
- Date of first symptoms;
- When the individual was last at a UA facility, and specific movements;
- When the individual last traveled on UA business; and
- Contacts in the 48 hours preceding COVID-19 symptoms with UA affiliates or others while on UA business.

EHS will

Notify FAC, RES life  
for specific cleaning if  
required

Notify any affected  
departments where  
employees may be  
affected

Notify UAA IMT

UAA IMT IC will  
notify SW IC