



RMI/SIR – Covid-19 Selection Guide Rev4

\*\*\*For specific reporting guidance regarding COVID-19 work-related illnesses, refer to ALSAFE 20-018 “COVID-19 Reporting Guidance for RMI Reporting” on the NAVSAFECOM website.\*\*\*

#	Field (Page)	Selection
	<p><b>ALSAFE 20-018</b> Covid-19 Reporting Guidance for RMI</p>	<p>2. A. “FOR COVID-19 ILLNESS TO CAUSE A REPORTABLE EVENT, COMMANDS/ACTIVITIES MUST VERIFY THAT A WORK-RELATED EXPOSURE, WHICH CREATED SYMPTOMS, OCCURRED AND THAT THE EMPLOYEE WAS NOT ABLE TO WORK IN ANY CAPACITY. EVENTS IN WHICH EMPLOYEES SIMPLY CONTRACT THE VIRUS THROUGH COMMUNITY SPREAD ARE NOT REPORTABLE AND MUST NOT BE ENTERED IN RMI.”</p>
1	<p><b>Event Investigation Page</b></p> <p>(1) Investigation Type (2) Subcategory Tier 1 (3) Event Type Tier 1</p>	<p>***Investigation Type will ALWAYS be “Mishap”.***</p> <p>Investigation Type: *  <input type="text" value="Mishap"/></p> <p>Category: *  <input type="text" value="Ground"/> <b>Afloat or Ground</b></p> <p>Subcategory Tier 1: * <input type="text" value="Industrial and Occupational"/></p> <p>Event Type Tier 1: * <input type="text" value="Occupational Illness"/> <a href="#">Definitions &amp; Examples</a></p> <p>***Subcategory Tier 1 and Event Type Tier 1 will ALWAYS be “Industrial and Occupational” and “Occupational Illness”.***</p>
2	<p><b>General Information Page</b></p> <p>(1) Event Type Tier 1 &amp; 2 (2) Event One-Liner</p>	<p>***Event Type Tier 2 can vary based on symptoms experienced.***</p> <p>Event Type: Tier 1: <input type="text" value="Occupational Illness"/> Tier 2: <input type="text" value="All Other Illnesses"/></p> <p>WHAT WAS THE ACTIVITY? * <input type="text" value="On-Duty Exposure"/> WHAT HAPPENED? * <input type="text" value="Occupational Illness"/> WHAT WAS DAMAGED/BROKEN/INJURED? * <input type="text" value="Exposure to COVID-19"/> WHAT WAS THE OUTCOME? * <input type="text" value="10 Days LWT"/></p> <p><input type="button" value="Spell Check"/></p> <p>***Event One-Liner should include any LLD (Restricted, Light, Limited Duty) or LWT (Lost Work Time, SIQ, HOSP) received.***</p>
3	<p><b>Occupational Illness Page (Person)</b></p> <p>(1) Illness Form</p>	<p>Illness Form Submitted:</p> <p><input checked="" type="checkbox"/> CA-2  <input type="checkbox"/> CA-6  <input type="checkbox"/> LS-201  <input type="checkbox"/> LS-202  <input type="checkbox"/> OSHA Form 301  <input type="checkbox"/> Other, Describe</p>

**Occupational  
Illness Page  
(Person)**

- (1) Exposure Dates
- (2) Symptom Date
- (3) Preliminary Diagnosis
- (4) Final Diagnosis

\*\*\*Date exposure began & date exposure ended is the date determined by contract tracing. \*\*\*

**Illness Exposure Duration**

Date Exposure Began: 01 JUL 2020  
Date Exposure Ended: 01 JUL 2020  Exposure On-going  
Total Days Exposed: 1

\*\*\*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." \*\*\*

Date of Symptom Onset: 02 JUL 2020  
 Unable to Determine

Preliminary Diagnosis Tier 1: Infectious

Preliminary Diagnosis Tier 2: COVID-19

Preliminary Diagnosis Tier 3: No Further Breakdown

\*\*\*Date of the first diagnosis given to the member from a competent medical provider. \*\*\*

Date of Preliminary Diagnosis: 02 JUL 2020

Treatment Administered: Emergency Treatment

Type of Hazard: Biological

Exposure Route: Respiratory Tract

Illness due to routine activities?  Yes  No

\*\*\*Final Determination will always be "Yes". \*\*\*

Do you have enough information to make a final determination?  Yes  No

Final Diagnosis Tier 1: Infectious

Final Diagnosis Tier 2: COVID-19

Final Diagnosis Tier 3: No Further Breakdown

Date of Final Diagnosis: 02 JUL 2020

Have you determined this condition as an occupational illness?  Yes  No

\*\*\*Determined Occupational Illness will always be "Yes". \*\*\*

<p>10</p>	<p><b><u>Injuries Page (Peron)</u></b></p> <p>(1) Injured Body Part (2) Injury Type (3) Injury Mechanism</p>	<p>Injured Body Part Tier 1: * <span style="float: right;">Body (General, Cannot Specify) v</span></p> <p>Injury Type: * <span style="float: right;">External Causes (Other Effects of) v Need help with injury types?</span></p> <p>Injury Mechanism: <span style="float: right;"><input checked="" type="checkbox"/> Use the injury mechanism drill-down selector instead of the auto-complete.</span></p> <p>Injury Mechanism Tier 1: <span style="float: right;">Breathing Threats v</span></p> <p>Injury Mechanism Tier 2: <span style="float: right;">Other v</span></p>
<p>11</p>	<p><b><u>Sequence of Events Page (Narrative)</u></b></p>	<p><b>*** For all On-Duty COVID-19 exposure reports, there needs to a correlation to On-Duty Activities that caused the exposure.***</b></p> <div style="border: 1px solid #ccc; padding: 10px;"> <p><b>SEQUENCE OF EVENT</b></p> <p>Sequence of Event: <span style="margin-left: 20px;">Spell Check</span> <span style="margin-left: 20px;"><a href="#">Detailed Instructions</a></span></p> <p>On 01-JUL-2020 @ 1030, Mishap Victim was working in an industrial facility among a large group of coworkers. The following day, Mishap Victim began feeling flu-like symptoms and notified their chain of command. Later that day, SVM was notified that they were within close proximity to another member that tested positive for COVID-19 the day before. Mishap Victim received a positive test result for COVID-19 the following day and was instructed to ROM for 10 days (Lost Work Time).</p> </div>
<p>12</p>	<p><b><u>Factors Page (Narrative)</u></b></p> <p>(1) Factor Title (2) Investigation Analysis (3) Causal Factor</p>	<p><b>***Factor should represent known information and mention COVID-19.***</b></p> <p>Factor Title: * <span style="float: right;">Exposure to COVID-19</span></p> <p>Investigative Area: * <span style="float: right;">Other v</span></p> <p>Investigation &amp; Analysis Narrative: * <span style="float: right;">Spell Check</span> <span style="float: right;"><a href="#">Detailed Instructions</a></span></p> <p>SR was within close proximity to another SR that has tested positive for COVID-19. Then SR started experiencing symptoms and received a positive COVID-19 test.</p> <p>Determination: * <span style="float: right;">Causal Factor v</span></p>