

MEMORANDUM

Kathy Gallagher, Director

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To: All EHSD Staff, Code 2A

Date: December 28, 2021

From: Debora Boutté, Departmental Human Resources Officer II

Subject: For Employees: Voluntary COVID-19 Testing for EHSD Employees

With the rising concern of the omicron variant the County highly encourages all employees to get tested, especially if there is a concern of being at risk over the next several weeks.

Risk Management and County Administrator's Office is arranging for COVID-19 testing and highly encourages testing for all employees who are not currently testing weekly due to other regulatory requirements. It is recommended that each department offer testing to employees to ensure a safe work environment for our County employees and the public that we serve.

For those employees who are required to test weekly due to a vaccine exempt status, please continue to follow that process.

EHSD Responsibilities

1. The County covers the employee's time away to test and the test itself.
2. If an employee tests positive, EHSD will follow the County COVID-19 Prevention Program on positive test results.
3. EHSD will maintain employee test results as confidential medical information in a file separate from the employee's personnel file.

Employee's Responsibilities

1. If requesting to be tested, notify your Supervisor to make arrangements.
2. Employees will be assigned a scheduled release time to take a test by their Supervisor.
3. Employees must report for testing as instructed.
4. During scheduled work hours, testing will be on County paid time.
5. Notify your Supervisor if the testing process is beyond 30 minutes.
6. Provide your supervisor with proof you visited the test site by forwarding the email notification that your test results are available.
7. Employees must report a positive test result to Personnel Services at EHS_D_Personnel_Forms@ehsd.cccounty.us and copy your Supervisor **within 8 hours** of the available results. **Subject line must state Test Result and Employee ID.**

Instructions for staff to create a Mobile Med account.

Please refer to the attached instructions to create an account. This is a one-time action and you will receive your test result in your account. You will not receive an email after registering.

- Once registered you will have access to your check-in barcode. Present the check-in barcode to the on-site tester to scan or you can give your name and date of birth to the on-site team to bring up your account.
- Show your County issued ID to the tester.

Supervisor Responsibilities

1. Supervisors will maintain their own schedule of release times for employees who request a voluntary COVID-19 test. This is to ensure sufficient operational coverage while staff take time for testing.
2. Beginning January 3, 2022 you are required to schedule the employee's test in the allotted timeslot using the Safety and Loss Control COVID-19 intranet link.
3. For positive test results, follow the current COVID-19 Intake form process.
4. Confirm the employee visited the test site by reviewing the employee's email notification that their test results are available.

Test Results

1. Results are available within 10-15 minutes of testing.
2. Employees must stay and wait for the test result. If positive, you must go home and follow the County COVID-19 Prevention Program on positive test results.
3. Mobile-Med will send an email and text to the employee to log into their account to receive the test results.

If you have questions about this memo, please contact your assigned Departmental HR Analyst.

Attachments:

Instructions for staff to create a Mobile Med account

ON-SITE COVID-19 TESTING

Instructions for Mobile Med COVID-19 On-Site and Self-Test Registration

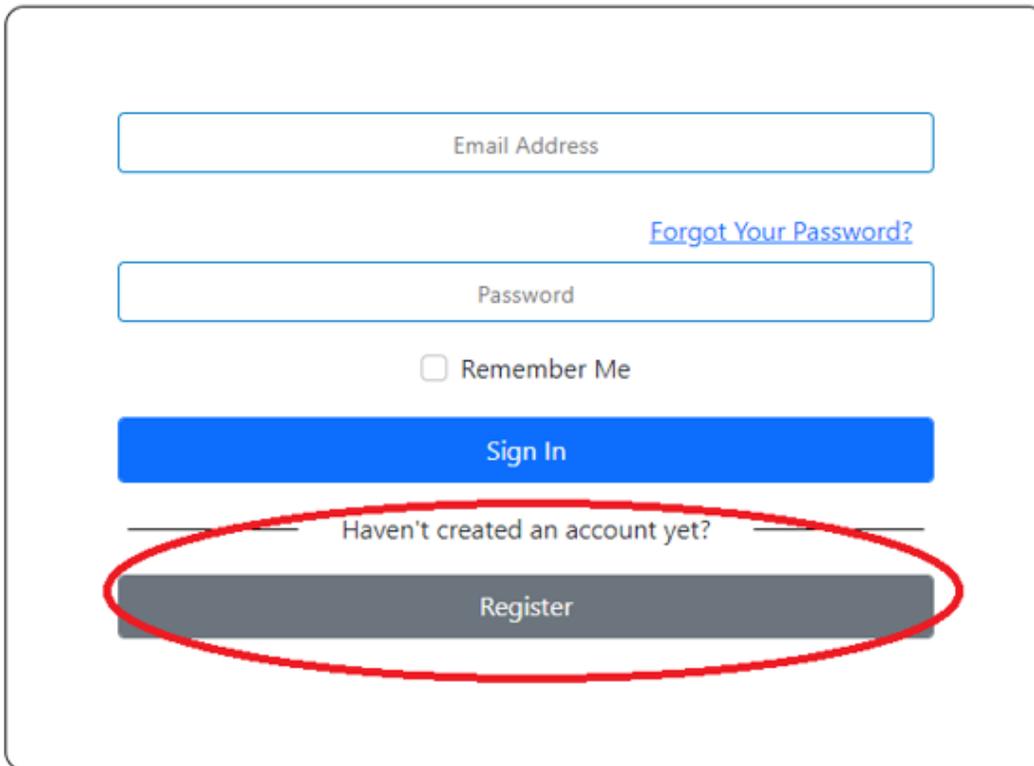
The employee can log into Track My Lab Results <https://whs.trackmylabresults.com/> or they can use the QR Code below:



Note: The Google Chrome or Microsoft Edge browser should be used as the link does not work with Internet Explorer.

STEPS TO REGISTER

Click on the Register button (circled in red below):



The image shows a user login and registration interface. It features two input fields: 'Email Address' and 'Password'. A blue link for 'Forgot Your Password?' is positioned to the right of the password field. Below these fields is a checkbox labeled 'Remember Me'. A prominent blue 'Sign In' button is centered below the checkbox. Underneath the 'Sign In' button, the text 'Haven't created an account yet?' is displayed, flanked by horizontal lines. At the bottom, a dark grey 'Register' button is highlighted with a red oval.

Fill in all fields on the Patient Registration screen. The employee must use work contact information on this page, if possible, in all contact fields.

1. Enter work email address,
2. Enter work cell phone number but if the employee does not have a work cell phone they should use their personal cell phone number. The contact telephone number needs to have texting capabilities.
3. Enter work address,
4. Enter work department on the 'ADDRESS 1' line,

Patient Registration

REQUIRED FIELDS

Please fill all the Required fields to ensure that all necessary information is captured for clinical and billing purposes.

(County email address)

Mobile Home Work

DEMOGRAPHIC INFO

Please fill out the fields below to provide additional information and to ensure proper identification during the testing process.

HIPAA Consent

NOTICE: By clicking Register, you agree to our [Terms](#) and that you have read our [Privacy policy](#).

Next click on the HIPAA Consent check box under the Demographic Info section (circled in red below):

DEMOGRAPHIC INFO

Please fill out the fields below to provide additional information and to ensure proper identification during the testing process.

Not Hispanic or Latino

White

Male

HIPAA Consent

NOTICE: By clicking Register, you agree to our [Terms](#) and that you have read our [Privacy policy](#).

Register

When the HIPAA Consent box is checked a new window will open with the HIPAA rules and guidelines – a portion of that screen is shown below:

Consent to Service and Acknowledgment of Privacy Practices:

The treatment or service provided under this authorization and consent shall include the following: COVID-19 Nasal swab testing ("the Service"). I, the undersigned, agree and acknowledge that I have been apprised of the risks of receiving the Service and that I knowingly and voluntarily consent to receiving the Service from Mobile-Med Work Health Solutions, Inc. I also agree and acknowledge that I have been offered a copy of the current Notice of Privacy Practices utilized by Mobile-Med Work Health Solutions, Inc. If this Consent is completed on behalf of a minor, I agree and acknowledge that I am the parent or legal guardian of such minor and am authorized to complete this Consent on the minor's behalf. I further agree that on behalf of myself (and the minor, if applicable) that I agree to indemnify, defend and hold harmless Mobile-Med Work Health Solutions, Inc., TrackMy Solutions, Inc. and the Company from any liability arising out of or relating to the conduct of the Services.

Consent for Disclosure of Protected Health Information HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information As Required by Health Insurance Portability and Accountability Act (HIPAA), 45 CFR 160, 164

I, the undersigned, hereby authorize Mobile-Med Work Health Solutions, Inc. to use and/or disclose the protected health information described below to the party listed as Company, above (i.e. the sponsor of the testing).

This authorization covers the disclosure of results from the Services described above by Mobile-Med Work Health Solutions, Inc., at any time. I hereby authorize the release of protected health information consisting of the notice that I have received the Services, as well as the results of the testing included in the Services and any related health information gathered during the conduct of my testing or my interaction with Mobile-Med Work Health Solutions, Inc. I also consent to the release of any information required to bill for the services, as may be required by Company, or by any health insurance plan or program that I am a part of. All of the foregoing information may be released to the Company. In addition, I understand that the results of any

After reading the HIPAA screen scroll to the bottom and click on the acknowledgement check box, as shown here:

Click here to acknowledge HIPAA Consent.

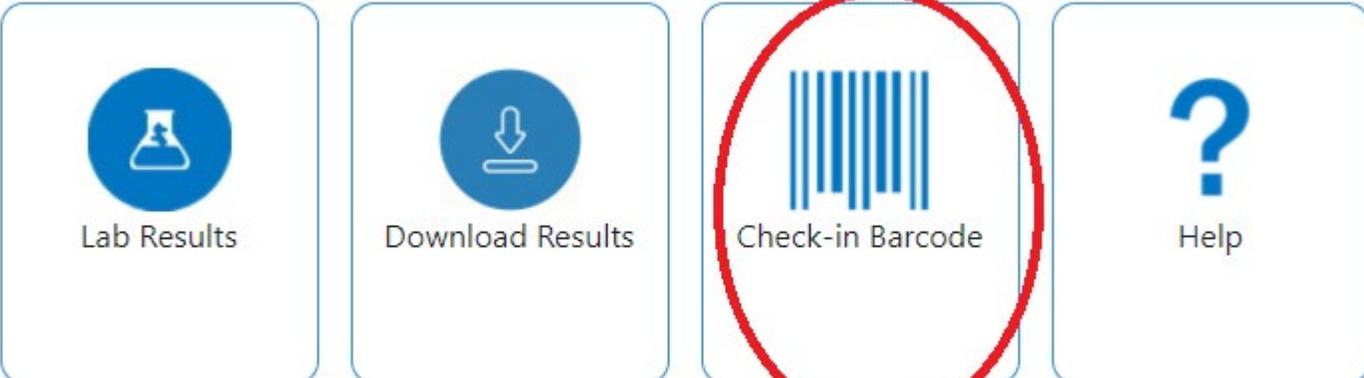
Save

After clicking the Save button the employee will be sent back to the Patient Registration screen where they need to click on the Register button.

NOTICE: By clicking Register, you agree to our [Terms](#) and that you have read our [Privacy policy](#).

Register

The employee is now registered! After they create an account they will see the screen shown below. The icon titled 'Check-in Barcode' will be used when the employee arrives at the testing center - the tester will scan the barcode.



Lab Results

Download Results

Check-in Barcode

Help



TrackMy[®]
Solutions

ENGAGE • EDUCATE • INFORM • INVOLVE

[[Terms](#) | [Privacy policy](#)]

Please contact Risk Management with any questions:

Risk Management Department

2530 Arnold Drive, Suite 140

Martinez, California 94553

Administration (925) 335-1400

Fax Number (925) 335-1497