



Chabot Las Positas Community College District COVID-19 Safety Plan:

Case Response Form Rev: 9/1/2021

STAFF OR STUDENT INITIAL REPORT

Instructions:

The purpose of this form is to provide direction and documentation to take action to help mitigate potential risk of COVID-19 transmission upon learning of a known or suspected COVID-19 case potentially impacting facilities, employees, students, or other stakeholders.

Process for Faculty and Instructional Staff

ALL pages completed by either (A) the instructor (for student reported cases), or (B) by the reporting instructional staff member (for staff cases). Once complete, submit to your Supervisor or Dean. The supervisor or dean will submit to the College President and Covid Safety Coordinator. The instructor and the student shall remain in contact (via phone or email), and the instructor and the dean shall remain in contact to determine next steps and provide or receive further information

Process for Non-Instructional Staff

Complete ALL pages then submit to your direct supervisor, the supervisor shall review and submit to the College President and Covid Safety Coordinator. The reporting staff member shall keep in contact with the supervisor to determine next steps and provide or receive further information.

Key Definitions

Rev. 9/1/2021

Symptoms or **Positive Test** --Known or **Suspected Case**. For purposes of this plan, a known or suspected case is someone who has COVID-19 symptoms or who has tested positive for COVID-19, unless otherwise determined (e.g., medical professional). A negative test does not necessarily mean that a person does not have COVID-19.

<u>Exposure</u> --Exposure/Close Contact. Use this definition to identify a <u>qualifying</u> case. If person's reported exposure does not meet this criteria, it is likely NOT reportable, reach directly to the COVID-19 Safety Coordinator for clarification.

- Within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period during with the "high-risk exposure period"
 - Exposure period for COVID-19 cases with symptoms starts two days before they first develop symptoms and continues until all of the following are true:
 - 10 days have passed since symptoms first appeared
 - 24 hours have passed with no fever, without the use of fever-reducing medications
 - Symptoms have improved.
 - Exposure period for COVID-19 cases who never develop COVID-19 symptoms starts two days before the specimen for their first positive test for COVID-19 was collected and continues until 10 days after
- Applies to time/distance with or without the use of face coverings, indoors or outdoors
- Transmissions may occur in less time with large viral exposure (e.g., being coughed/sneezed upon, long periods in a small space). Cloth or paper face coverings (a.k.a., "masks") are not considered to sufficient to prevent transmission, however respirators (e.g., N95) may prevent exposures to airborne contaminants.

<u>Secondary Exposure</u> – Contact with a person who was only identified as an <u>Exposure</u> per the prior definition within <u>48 hours</u> of the time of exposure of the first individual. If person is reporting a secondary exposure it is NOT a reportable qualifying case. Employees/Students may attend class/work without modification.

COVID Coordinator Case ID#

Employee/Faculty/Supervisors: If reporting person is present on campus and needs emergency care, ask others to leave the area and dial 911. If reporting person does not need emergency care and has a vehicle on campus, please have them wear a mask and go to their vehicle. If they do not have private transportation, have the person go to an isolated outdoor space or private room with closed door. **Incident Information interview should take place over the phone.** Complete ALL pages. Use Attachment A to record any additional information or detail.

Incident Infor	mation				
Area/Dept:					
Supervisor:	Report Date:				
Subject Person:				Employee? ☐ Student/Visitor? ☐	
Phone/Email:					
Is the person reporting Exposure to a person with COVID or symptoms?		☐ Yes ☐ No	What date(s) of exposure:		
Is the person reporting <i>their own</i> Symptoms or Positive Test?		□ Yes □ No	What was first date of or date of positive tes (whichever is earlier):	t result	
			What date(s) was the site, starting 2 days be first symptoms or pos	efore the	
Is the person reporting FULLY VACCINATED (at least 14 days past full COVID-19 vaccination)?		□ No	Date of final/2 nd injection: ned to state (follow same		no')
		☐ Yes	If "yes", list date of sy onset/positive test res (whichever is earlier):	/mptom sult	,

Immediate Response		
	e: Immediate response actions are interim until a more detailed assessment is performed. If certainties arise, actions should err on the side of being more protective of people's health.	
1.	Subject Response: Symptoms or Positive Test. Have them go home (or stay home) and get tested ASAP. If reporting person does not need emergency care and has a vehicle on campus, please have them wear a mask and go directly to their vehicle. If they do not have private transportation, have the person go to an isolated outdoor space or private room with closed door (if indoors, do not allow other people in that space for 24 hours). Be aware that the case may need assistance in arranging transport home or to a healthcare provider. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits.	
2.	Subject Response: Person is reporting Exposure . If NOT either (1) fully vaccinated OR (2) within 90 days of a COVID infection, have the person go home or stay home. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits. If the person is either (1) fully vaccinated OR (2) within 90 days of a COVID infection and does not have symptoms, person does not need to go home or stay home, proceed to step 3.	
3.	Notify the COVID-19 Safety Coordinator: Do not share the identity of the person involved with any other parties except Human Resources.	
4.	LIST on next page other Close Contacts to person with Symptoms or Positive Test* *If the subject person is reporting Exposure, then no action is needed. □ Record the names of persons all people meeting the definition of close contact/exposed to the subject person □ Fully Vaccinated close contacts must be notified within 1 business day of a Positive Test and must do daily symptom checks but may continue to work/attend school normally if symptom-free. □ Close contacts of a Positive Test who are NOT Fully Vaccinated must be notified ASAP and go home and quarantine at home for 10 days. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits.	
5.	Address Indoor Areas occupied WITHIN LAST 24 HOURS for more than 15 minutes by a person with Symptoms or Positive Test* *If the person is only reporting an Exposure, then no action is needed. □ Close private office, classroom, or other indoor areas that have been occupied for more than 15 minutes by the person within the last 24 hours. If possible, open windows before closing door. Post sign with time and date that reflects 24 hours since the case was last in that space. □ If area, material, or equipment is indoors and MUST be used by another employee within 24 hours, contact Safety Coordinator for rapid disinfection prior to use.	
6.	Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.	

COVID	Coordinator	Case	ID#

CLOSE CONTACT/EXPOSURE LIST (if person reporting Symptoms or Positive Test)*

*If the person is only reporting an **Exposure**, then this form IS NOT needed.

Instructions: List anyone on campus who was within six feet of the person for a cumulative total of 15 minutes or greater in any 24-hour period DURING the "high-risk exposure period"

High Risk Exposure Period Calculation:

EARLIEST date the person either had Symptoms OR had Positive Test			
High risk period is	TO		
	2 days before	10 days after	

Area/C	peration:			Report Date:	
ID#	Date of Most Recent Exposure	Approx Minutes Exposed	Person (last/first). List role/entity if not an employee.	Fully Vaccinated OR +COVID In Last 90 Days?	Date Cleared for Return
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Print additional pages if needed

Attachment A: Case Response—INITIAL REPORT Additional Notes			
Area/Opera		Report Date:	
Date	Notes/Event	,	
	Instructor or Supervisor's Notes:		
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