Student/Employee Flowchart Protocol for COVID-19 Reporting and Return to Work updated Jan 14, 2022

Information needed for completion of Case Response Form: 1) Individual name and contact information (phone/email). 2) Date of onset of symptoms/positive test or close contact. 3) Last date individual was on campus for in-person activities. 4) Is the individual fully vaccinated. 5) List of potential close contacts.

Student had close contact with someone mployee had close contact with someone Employee had contact (not close contact) Emplyee exhibits one or more symptom: who tested positive or is suspected of Student tested positive or is suspected who tested positive or is suspected fo imployee tested positive or is suspected o wih someone whose family member tested or COVID-19, but is not suspected of of having COVID-19 AND has symptor hoving COVID-19 having COVID-19 AND has symptoms positive for COVID-19 having COVID-19 If Student is **fully vaccinated and** employee is fully vaccinated and boosted: boosted: student may return to in-person employee may return to the workplace instruction, and should monitor for Student with positive test or symptoms without self isolation and should monitor for Employee shall seek additional Employee with positive test or symptoms symptoms of COVID-19 for 10 days from shall notify the instructor of record to symptoms of COVID-19 for 10-days from No days off work or self-quarantine information from personal medical shall notify their supervisor immediately and necessary regardless of vaccination status. close contact. Student is required to wear for the class and remain at home and close contact. Employee is required to wear professional. If advised by medical emain at home and practice self-isolation i a well fitted face covering when around practice self-isolation in accordance a well fitted face covering when around Emplyee continues to work. professional employee may return to accordance within CDC guidelines with CDC guidelines others, perform hand washing and avoid others, perform hand washing and avoid crowds. No further action is requried rowds. No further action is requried unless unless symptoms develop. symptoms develop. Some examples: seasonal allergies, ear If Student is vaccinated and booster If employee is vaccinated and booster infection, seasonal flu, strep throat, eligible but not boosted: student shall eligible but not boosted: employee shall migrane, etc. remain at home and self-quarantine in remain at home and self-quarantine in accordance with CDC guidelines. If the accordance with CDC guidelines. If the vaccinated student is tested on day 5 accinated employee is tested on day 5 after after contact and receives a negative tes contact and receives a negative test then then they may return at day 6 without they may return at day 6 without symptoms symptoms of COVID-19. If the student is of COVID-19. If the employee is not tested not tested then they may return to inthen they may return to in-person person instruction after 10 days and not instruction after 10 days and not having having developed symptoms. developed symptoms. Vaccinated student shall notify their Vaccinated employee shall notify their instructor of the close contact, remain at supervisor of the close contact, remain at POSITIVE TEST OR RETURN TO home in self-quarantine until meeting the nstructor shall assist the Supervisor in home in self-quarantine until meeting the Employee shall assist the Supervisor in START OF SYMPTOMS SCHOOL completing the case response form and requirements above for return to class. requirements above for return to the completing the case response form. **10 DAY ISOLATION** Instructor shall assist the Supervisor in ubmit to the Dean or Supervisor. Dean workplace. Employee shall assist Supervisor Supervisor shall review and submit to the completing the case response form and or Supervisor shall review and submit DAY 0 1 2 3 4 5 6 7 in the completion of the case response College Vice President, President and the submit to the Dean or Supervisor, Dean of the College Vice President, President form. Supervisor shall review and submit to Covid Safety Coordinator Supervisor shall review and submit to th and the Covid Safety Coordinator. the College Vice President, President and College Vice President, President and the the Covid Safety Coordinator. Covid Safety Coordinator. **Important Notes:** Symptoms of COVID-19 including: cough,

response form the Covid Safety Coordinator will provide dates for when the student may return to in-person instruction and notify the Dean or Supervisor of those dates.

Should symptoms develop or test results

come back positive, a new case response

form shall be submitted.

or Supervisor of those dates. Upon resolution of situation the student may return to in-person nstruction (10-days passed since the

onset of symptoms or positive test, no

fever for 24-hours without the use of

nedications, and improved symptoms)

Infectious Period: For an individual

period for COVID-19 begins 2 days

before they first develop symptoms.

The infectious period ends when the

passed since symptos first appeared,

no fever, AND other symptoms have

improved.

followign criteria are met: 10 days have

AND at least 24 hours have passed with

who develops symptoms, the infectious

pon review of the submitted case response response form the Covid Safety form the Covid Safety Coordinator will Coordinator will provide dates for provide dates for when the employee may when the student may return to inreturn to the workplace and notify the person instruction and notify the Dean Supervisor of those dates.

> Upon resolution of the situation the ployee may return to the workplace (10 days passed since onset of symptoms or ositive test, no fever for 24-hours without the use of medications, and improved symptoms).

pon review of the submitted case respons form the Covid Safety Coordinator will provide dates for when the employee may return to the workplace and notify the Supervisor of those dates.

ever, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

Quarantine: seperates and restricts the ovement of people wha were exposed to contagious disease to see if they become sick. Isolation: seperates sick people with a contagious disease from people who are not LAS POSITAS COMMUNITY COLLEGE DISTRICT

COVID-19 Outbreak: A COVID-19 outbreak is defined as at least three COVID-19 cases among workers at the same worksite/buildign within a 14-day period.

Fully Vaccinated and Boosted: Individuals are considered in this category when they have received the primary series of any WHO approved vaccine, are two weeks beyond the primary series and have received a recommended booster shot (5 months after for Moderna or Pfizer, and 2 months after J&J). A person is considered boosted and up-to-date right after getting there booster dose.

Should symptoms develop or test results

come back positive, a new case response

form shall be submitted.

Vaccinate and Booster Eligible but not yet Boosted: Individuals are considered in this category when they have received the primary series of any WHO approved vaccine and are 5 months beyond the Pfizer or Moderna and 2 months beyond the J&J vaccine, but HAVE NOT received a booster

Vaccinated but not vet Booster Eligible: Individuals are considered in this category when they have receied the primary series

of any WHO approved vaccine and are not yet 5 months beyond the Pfizer or Moderna and 2 months beyond the J&J vaccine primary series.