



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 Dean with assistance from the instructional faculty member (for student reported cases), or (B) by the reporting immediate supervisor staff member (for staff cases). Once complete, the supervisor or dean will submit to the College Vice President, President and COVID-19 Safety Coordinator. The instructor and the student shall remain in contact (via phone or email), and the supervisor 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, the supervisor shall review and submit to the College Vice President, President and COVID-19 Safety Coordinator. The reporting staff member shall keep in contact with the supervisor to determine next steps and provide or receive further information.

Provide the following link to known or suspected case:

[COVID-19 Quarantine and Isolation | CDC](https://www.cdc.gov/quarantine/)

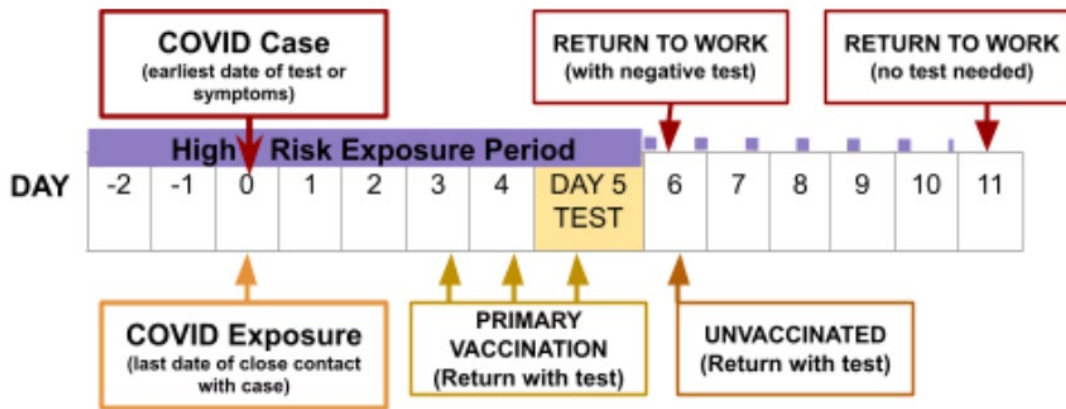
Key Definitions

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.

Exposure --Exposure/Close Contact. Use this definition to identify a qualifying case. If person's reported exposure does not meet these 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 they are cleared from isolation
- Applies to time/distance *with or without* the use of face coverings (exceptions only for fit-tested respirators)
- Transmissions *may* occur in less time with large viral exposure.

Secondary Exposure – Contact with a person who was only identified as an **Exposure** per the prior definition - NOT a reportable qualifying case. Employees/Students may attend class/work without modification.



Unvaccinated (even if prior infection) QUARANTINE: Test Day 5, return Day 6 if negative
Primary Vaccination (eligible for booster but NOT boosted) QUARANTINE: Test Day 3-5, return as soon as negative result available
Up-To-Date Vaccination (primary vaccines + booster if eligible) NO QUARANTINE: Test on Day 5

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 Information			
Area/Dept:			
Supervisor:			Report Date:
Subject Person:			Employee? <input type="checkbox"/> Student/Visitor? <input type="checkbox"/>
Phone/Email:			
Is the person reporting Exposure to a person with COVID or symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What date(s) of exposure:	
Is the person reporting their own Symptoms or Positive Test ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What was first date of symptoms or date of positive test result (whichever is earlier):	
		What date(s) was the person on-site, starting 2 days before the first symptoms or positive test?	
Is the person reporting FULLY VACCINATED (at least 14 days past full COVID-19 vaccination)?	<input type="checkbox"/> Yes, Date of final/2 nd injection: _____ <input type="checkbox"/> No <input type="checkbox"/> Declined to state (follow same protocol as "no")		
Does the Reporting person have a BOOSTER (2 months after J&J, 5 Months after Moderna or Pfizer)	<input type="checkbox"/> Yes, Date of BOOSTER: _____ <input type="checkbox"/> No <input type="checkbox"/> Declined to state (follow same protocol as "no")		
Has the person reporting had COVID within 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", list date of symptom onset/positive test result (whichever is earlier):	

Vaccinations are considered "up-to-date" AFTER a full primary vaccination AND a booster, if booster eligible (over 18 and 2 months after J&J, or 5 months after Moderna/Pfizer).

Immediate Response		Done
<p>Note: Immediate response actions are interim until a more detailed assessment is performed. If uncertainties arise, actions should err on the side of being more protective of people's health.</p>		
1.	<p>Subject Response: <u>Symptoms</u> or <u>Positive Test</u>. 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. 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.</p>	<input type="checkbox"/>
2.	<p>Subject Response: Person is reporting <u>Exposure</u>. If NOT fully vaccinated (and boosted if eligible), 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, proceed to step 3.</p>	<input type="checkbox"/>
3.	<p>Notify the COVID-19 Safety Coordinator: Do not share the identity of the person involved with any other parties except Human Resources.</p>	<input type="checkbox"/>
4.	<p>LIST on next page other Close Contacts to person with <u>Symptoms</u> or <u>Positive Test</u>* *If the subject person is reporting <u>Exposure</u>, then no action is needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Record the names of persons all people meeting the definition of close contact/exposed to the subject person <input type="checkbox"/> Fully Vaccinated (and boosted if booster eligible) close contacts must be notified within 1 business day of a <u>Positive Test</u> and must do daily symptom checks but may continue to work/attend school normally if symptom-free. <input type="checkbox"/> Close contacts of a <u>Positive Test</u> who are NOT up to date with vaccination (full vaccination + booster if eligible) must be notified ASAP and go home and quarantine at home and may not return to work until a negative test taken at least 3 days after contact. Unvaccinated with a negative test on day 5 may return to work on days 6. 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. 	<input type="checkbox"/>
5.	<p>Address Indoor Areas occupied WITHIN LAST 24 HOURS <u>for more than 15 minutes</u> by a person with <u>Symptoms</u> or <u>Positive Test</u>* *If the person is only reporting an <u>Exposure</u>, then no action is needed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> If area, material, or equipment is indoors and MUST be used by another employee within 24 hours, it must be disinfected prior to use. <input type="checkbox"/> If 24-72 hours have passed since the area was occupied by a COVID-19 positive individual, perform routine cleaning. <input type="checkbox"/> If more than 72 hours have passed since area was occupied by a COVID-19 positive individual, continue normal cleaning schedule, do not need a special cleaning. 	<input type="checkbox"/>
6.	<p>Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.</p>	<input type="checkbox"/>
7.	<p>Notification to Campus Worksite Needed: YES / NO</p>	<input type="checkbox"/>

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 5 days with negative test, 10 days without

Area/Operation:			Report Date:		
ID#	Date of Most Recent Exposure	Approx Minutes Exposed	Person (last/first). List role/entity if not an employee.	Vaccination Status* <input type="checkbox"/> Up-To-Date (UTD) <input type="checkbox"/> Primaty (P) <input type="checkbox"/> None/Incomplete (N)	Date Cleared for Return
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Print additional pages if needed

