Student/Employee Flowchart Protocol for COVID-19 Reporting and Return to Work updated Jan 20, 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) In the standard states of the state

| Is the individual fully vaccinated. 5) List of potential close contacts. | | | | | |
|--|---|---|--|--|--|
| <u>A</u> | B | <u>C</u> | D | <u> </u> | <u>F</u> |
| Student had close contact with someone who tested positive or is suspected of having COVID-19 | Student tested positive or is suspected of having COVID-19 AND has symptoms | Employee had close contact with someone who tested positive or is suspected of having COVID-19 | Employee tested positive or is suspected of having COVID-19 AND has symptoms | Employee had contact (not close contact) with someone whose family member tested positive for COVID-19 | Employee exhibits one or more symptoms of COVID-19, but is not suspected of having COVID-19 |
| If student is <u>fully vaccinated and boosted</u> : student may return to in-person instruction, and should monitor for symptoms of COVID-19 for 10 days from close contact. Student is required to wear a well fitted face covering when around others, perform hand washing and avoid crowds. No further action is required unless symptoms develop. | Student with positive test or symptoms shall notify the instructor of record for the class and remain at home and practice self-isolation in accordance with CDC guidelines | If employee is <u>fully vaccinated and boosted</u> : employee may return to the workplace without self isolation and should monitor for symptoms of COVID-19 for 10-days from close contact. Employee is required to wear a well fitted face covering when around others, perform hand washing and avoid crowds. No further action is required unless symptoms develop. | Employee with positive test or symptoms shall notify their supervisor immediately and remain at home and practice self-isolation in accordance within CDC guidelines | No days off work or self-quarantine necessary regardless of vaccination status. Employee continues to work. | Employee shall seek additional informatio from personal medical professional. If advised by medical professional employee may return to work. |
| If student is <u>vaccinated and booster</u> <u>eligible but not boosted</u> : student shall remain at home and self-quarantine in accordance with CDC guidelines. If the vaccinated student is tested on day 5 after contact and receives a negative test, then they may return at day 6 without symptoms of COVID-19. If the student is not tested, then they may return to in- person instruction after 10 days and not having developed symptoms. | | If employee is <u>vaccinated and booster</u> . <u>eligible but not boosted</u> : employee shall remain at home and self-quarantine in accordance with CDC guidelines. If the vaccinated employee is tested on day 5 after contact and receives a negative test, then they may return at day 6 without symptoms of COVID-19. If the employee is not tested, then they may return to in-person instruction after 10 days and not having developed symptoms. | | | Some examples: seasonal allergies, ear infection, seasonal flu, strep throat, migraine, etc. |
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| Vaccinated student shall notify their instructor of the close contact, remain at home in self-quarantine until meeting the requirements above for return to class. Instructor shall assist the Supervisor in completing the case response form and submit to the Dean or Supervisor. Dean or Supervisor shall review and submit to the College Vice President, President, and the COVID Safety Coordinator. | Instructor shall assist the Supervisor in completing the case response form and submit to the Dean or Supervisor. Dean or Supervisor shall review and submit to the College Vice President, President, and the COVID Safety Coordinator. | Vaccinated employee shall notify their supervisor of the close contact, remain at home in self-quarantine until meeting the requirements above for return to the workplace. Employee shall assist Supervisor in the completion of the case response form. Supervisor shall review and submit to the College Vice President, President, and the COVID Safety Coordinator. | Employee shall assist the Supervisor in completing the case response form. Supervisor shall review and submit to the College Vice President, President, and the COVID Safety Coordinator | POSITIVE TEST OR START OF SYMPTOMS 10 DAY ISOLATION DAY 0 1 2 3 4 | RETURN TO SCHOOL 5 6 7 8 9 10 11 |
| Upon review of the submitted case 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. | Upon review of the submitted case 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. | Upon review of the submitted case response form, the COVID Safety Coordinator will provide dates for when the employee may return to the workplace and notify the Supervisor of those dates. | Upon review of the submitted case response form, the COVID Safety Coordinator will provide dates for when the employee may return to the workplace and notify the Supervisor of those dates. | Important Notes: Symptoms of COVID-19 including: cough, fever, 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. | |
| Should symptoms develop or test results come back positive, a new case response form shall be submitted. | Upon resolution of situation, the student may return to in-person instruction (10-days passed since the onset of symptoms or positive test, no fever for 24-hours without the use of medications, and improved symptoms). | Should symptoms develop or test results come back positive, a new case response form shall be submitted. | Upon resolution of the situation, the employee may return to the workplace (10- days passed since onset of symptoms or positive test, no fever for 24-hours without the use of medications, and improved symptoms). | Quarantine: separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Isolation: separates sick people with a contagious disease from people who are not sick. | CHABOT LAS POSITAS |
| AB685 Definitions: | | CDC Definitions: | | | |
| COVID-19 Outbreak : A COVID-19 outbreak is defined as at least three COVID-19 cases | Infectious Period: For an individual who develops symptoms, the infectious period for COVID-19 begins 2 days | Fully Vaccinated and Boosted: Individuals are considered in this category when they | Vaccinate and Booster Eligible but not yet Boosted: Individuals are considered in this | Vaccinated but not yet Booster Eligible: Individuals are considered in this category | |

period for COVID-19 begins 2 days before they first develop symptoms. The infectious period ends when the following criteria are met: 10 days have passed since symptoms first appeared, AND at least 24 hours have passed with no fever, AND other symptoms have improved.

among workers at the same

worksite/building within a 14-day period.

primary series and have received a

have received the primary series of any WHO category when they have received the approved vaccine, are two weeks beyond the primary series of any WHO approved vaccine and are 5 months beyond the Pfizer or recommended booster shot (5 months after Moderna and 2 months beyond the J&J for Moderna or Pfizer, and 2 months after vaccine, but HAVE NOT received a booster J&J). A person is considered boosted and up- dose. to-date right after getting their booster dose.

of any WHO approved vaccine and are not

