



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, staff and/or 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:

www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

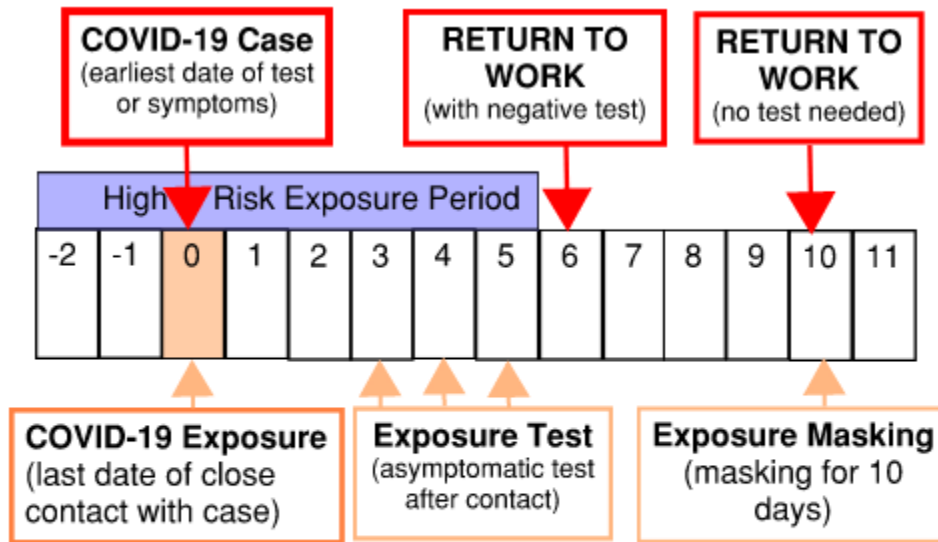
Key Definitions

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:
 - 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.



Positive test QUARANTINE: Test Day 5, return Day 6 if negative
Asymptomatic: NO QUARANTINE; Test Day 3 - 5
CASE and CLOSE CONTACT wear a well-fitted mask for 10 days from Day 0 when around others

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?	
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):	

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>	
<p>1. 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"/>
<p>2. Subject Response: Person is reporting <u>Exposure</u>. If individual is asymptomatic do not need to quarantine, but should test 3 to 5 days after the close contact exposure and wear a face covering when around others 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/index.html)</p>	<input type="checkbox"/>
<p>3. Return Case: Individuals reporting <u>Exposure</u>. If individual has been a documented COVID-19 Case in the last 90 days and is asymptomatic do not need to quarantine and testing is not required.</p>	<input type="checkbox"/>
<p>4. 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"/>
<p>5. 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. <input type="checkbox"/> Record the names of persons all people meeting the definition of close contact/exposed to the subject person <input type="checkbox"/> 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 and wear a face covering when around others for 10 days.</p>	<input type="checkbox"/>
<p>6. Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.</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 shared the same **indoor** airspace (examples, home, office, classroom, conference room, laboratory, break room) with 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.	Symptomatic <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N) <input type="checkbox"/> Return Case (RC)	Date Cleared for Return
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
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				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	

Print additional pages if needed

Attachment A: Case Response—INITIAL REPORT Additional Notes

Area/Operation:		Report Date:	
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Date	Notes/Event
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Instructor or Supervisor's Notes:

HR's Notes:

COVID-19 Safety Coordinator Notes:

CASE DATE OF RETURN:
