**Form C-40-COVID-19 DATA COLLECTION WORKSHEET INSTRUCTIONS**

***If you are unable to view all contents of this form, please open it in Microsoft Word.***

**Form Completion:** Check each block as completed

[ ]  Data collection worksheet completed by first line supervisor or instructor

Name

 **Date/Time COVID-19 Exposure Reported to You:**

[ ]  Routed to applicable dean, director, or vice president:

 Name

[ ]  If COVID-19 positive or exposed individual is a student, attach a copy of

student’s schedule to the data collection worksheet.

[ ]  If exposed individual is an athlete, attach a team roster.

**Responsibilities of Dean, Director, or Vice President:**

[ ]  Dean, director, or vice-president reviews and forwards completed form to Damita Reed, COVID-19 Coordinator, with cc to Carl Mitchell, VP of Human Resources, within 4 hours of reported COVID-19 exposure.

**Date/Time You Submitted C40 to COVID-19 Coordinator and Copied VP for Human Resources**:

[ ]  If the individual has been on any FTCC campuses in the past 24 hours, immediately notify Richard Lee, Director of Facilities, regarding areas to be cleaned.

[ ]  Coordinate with Mark Sorrells, Senior VP for Academic and Student Services, or designee, to determine if any classes should transition online.

 (Designees: Tiffany Watts, AVP for Curriculum or Jolee Marsh, AVP for Corporate and Continuing Education)

**Contacts:**

Damita Reed, COVID-19 Coordinator- reedd@faytechcc.edu: extension 63905

Carl Mitchell, VP for Human Resources- mitchelc@faytechcc.edu: extension 88373

Richard Lee, AVP for Facilities and Support Services- leeri@faytechcc.edu: extension 88287

**Form C-40-COVID-19 DATA COLLECTION WORKSHEET**

**Information Relative to Positive or Exposed COVID-19 Individual**

**Name**:

**Role(s):** Student [ ]  Athlete [ ]  Employee [ ]  Visitor [ ]

**Athletic Team(s), if applicable**:

**Cell or Home Phone #**:

**Email Address**:

**Mailing Address**:

**County of Residence**:

**Complete this section if the individual had a COVID-19 test**.

**Date of COVID-19 Test:**

**Test Results**: Positive [ ]  Negative [ ]

**Type of Test:** Rapid [ ]  PCR [ ]

 **If Rapid: Is PCR test result pending?** Yes [ ]  No [ ] 

**Complete this section if the individual had a potential exposure.**

Date of exposure:



 Has the Individual Experienced Symptoms? Yes [ ]  No [ ]

|  |  |  |
| --- | --- | --- |
| **Symptom** | **Date of Onset** | **Currently Experiencing This Symptom?** |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |
|       |       | Yes [ ]  No [ ]  |

 **If yes, please describe all current and prior symptoms and when those symptoms first occurred.**

**DATA COLLECTION WORKSHEET (Continued)**

**List FTCC campus locations visited within 48 hours of symptom onset or positive COVID-19 test, including room numbers and common areas (breakrooms, restrooms, etc.). Include last dates visited.**

|  |  |  |
| --- | --- | --- |
| **Location/Bldg** | **Room # (or describe location)** | **Last date visited** |
|       |       |       |
|       |       |       |
|       |       |       |



**Has the person been consistently practicing social distancing while attending an event on behalf of FTCC?**

Yes [ ]  No [ ]

**If faculty or student, have students in their classes followed the College’s stated CDC practices on maintaining 6-feet of social distancing?**

Yes [ ]  No [ ]  N/A [ ]

*If the answer to either of the two prior questions is No* ***and*** *the person has confirmed positive COVID-19 test, complete Form C-40A and submit with the C-40 form.*



**Enter Other Pertinent Information or Remarks not already provided:**

**Form, C40-A CONTACT TRACING FOR COVID-19 EXPOSURE OCCURRING ON FTCC CAMPUSES**

**Instructions:** This form should be completed in instances when an employee, student, athlete, or visitor of FTCC tests positive for COVID-19 and that individual has not followed required FTCC protocols for social distancing while on FTCC campuses and attending an event on behalf of FTCC. If a COVID-19 positive individual was within 6 feet of someone more than 15 minutes within a 24-hour period while on FTCC campuses or attending an event on behalf of FTCC, provide the following information for any FTCC person who had a close exposure to the COVID-19 positive individual.

 Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

**Form, C40-A CONTACT TRACING** (Continued)

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

**Form, C40-A CONTACT TRACING** (Continued)

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

Contact Name:

Age/DOB:

Parent or Guardian Contact Name (if minor):

Preferred Language Spanish [ ]  English [ ]  Other:

Cell or Home Phone #:

Notes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation/FAQ** | **What is your Vaccine status?** | **What should I do to meet campus policies/CDC guidelines?** | **Can I come to campus/participate in college activities?** |
| **Close Contact Exposure:**You had close contact with someone diagnosed with COVID-19.**Close contact means:*** You were within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether a face mask was worn by either party and/**or**
* You had direct physical contact with the person and/**or**
* You shared eating or drinking utensils with the person and/**or**
* They sneezed, coughed or somehow got respiratory droplets on you
 | VaccinatedHave been boosted**OR**Completed the primary series of Pfizer or Moderna vaccine within the last 6 months**OR**Completed the primary series of J&J vaccine within the last 2 months**OR**Diagnosed COVID-19 within the past 90 days and not experiencing any new COVID symptoms***NOTE: If a student is directed to remain off campus due to a direct exposure or positive test for COVID, please notify the student to immediately get in contact with their instructors to arrange for online participation in all classes.*** | * Report the exposure immediately to your instructor (if you are a student) or to your supervisor (if you are an employee).
* Within 4 hours, instructor or supervisor should complete and submit a [C-40 form](https://www2.faytechcc.edu/IEAForms/COVID19PotentialExposureDataCollectionWorksheet.docx) to individuals designated on form.
* Wear a mask around others for 14 days.
* Get tested 5-7 days after the last exposure, if possible\*. If symptoms develop, test immediately.

\* “If possible” means testing supplies and appointments are available in the community, and/or on campus.  | **No Symptoms:** You may continue to come to campus as long as you: * Wear a mask around others for 14 days after exposure **and**
* Have no symptoms **and**
* You should get tested 5-7 days after the last exposure, if possible\* **and**
* Continue to monitor yourself for 14 days after the potential exposure.

**Symptoms:** No, stay away from campus. You should **isolate** at home and get tested immediately, if possible\*. If your test is negative, you may return to campus when:* You have isolated for at least 5 full days since your symptoms developed (Day 0 is the first day of symptoms) **and**
* At least 24 hours have passed with no fever (100.4º F) and no use of fever-reducing medication **and**
* You have felt well for at least 24 hours **and**
* You should get tested 5-7 days after the last exposure, if possible\* **and**
* Wear a mask around others for 14 days after exposure.

\*\*\*If you have a Positive test, you should **isolate** at home and follow the “Positive COVID-19” procedure. |

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| --- | --- | --- | --- |
| **Situation/FAQ** | **What is your Vaccine status?** | **What should I do to meet campus policies/CDC guidelines?** | **Can I come to campus/participate in college activities?** |
| **Close Contact Exposure:**You had close contact with someone diagnosed with COVID-19.**Close contact means:*** You were within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether a face mask was worn by either party and/**or**
* You had direct physical contact with the person and/**or**
* You shared eating or drinking utensils with the person and/**or**
* They sneezed, coughed or somehow got respiratory droplets on you
 | Unvaccinated**OR**Have not completed a primary vaccine series**OR**Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted**OR**Completed the primary series of J&J over 2 months ago and are not boosted***NOTE: If a student is directed to remain off campus due to a direct exposure or positive test for COVID, please notify the student to immediately get in contact with their instructors to arrange for online participation in all classes.*** | * Leave campus immediately and stay home for 5 days
* Report the exposure immediately to your instructor (if you are a student) or to your supervisor (if you are an employee).
* Within 4 hours, complete and submit a [C-40 form](https://www2.faytechcc.edu/IEAForms/COVID19PotentialExposureDataCollectionWorksheet.docx) to individuals designated on form.
* Get tested immediately. If negative, test again 5-7 days after last exposure.

\* “If possible” means testing supplies and appointments are available in the community, and/or on campus.  | **No Symptoms:** No, stay at home for at least 5 days (Day 0 through Day 5. (The date of your last exposure is considered Day 0). * Get tested immediately.
	+ If negative, you should test again between Day 5-7 after your last close contact exposure, if possible\*.

\*\*\*\*if you develop symptoms at any time, follow the procedure below**Symptoms:** No, stay away from campus. You should **isolate** at home and get tested immediately, if possible\*. If you have a Negative Test – you may return to campus when:* You have isolated for at least 5 full days since your symptoms developed (Day 0 is your first day of symptoms) **and**
* At least 24 hours have passed with no fever (100.4º F) and no use of fever-reducing medication **and**
* You have felt well for at least 24 hours **and**
* You have a negative test collected 5-7 days since your last close contact exposure, if possible\* **and**
* Wear a mask around others for 14 days after exposure.

\*\*\*If you have a Positive test, you should **isolate** at home for 5 days and follow the “Positive COVID-19” procedure. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation/FAQ** | **What is your Vaccine status?** | **What should I do to meet campus policies/CDC guidelines?** | **Can I come to campus/participate in college activities?** |
| **Positive** **COVID-19 Test** | Fully Vaccinated or Not Fully Vaccinated ***NOTE: If a student is directed to remain off campus due to a direct exposure or positive test for COVID, please notify the student to immediately get in contact with their instructors to arrange for online participation in all classes.*** | * Leave campus immediately and **isolate** at home
* Report diagnosis immediately to your instructor (if you are a student) or to your supervisor (if you are an employee).
* Within 4 hours, complete and submit [a C-40 form](https://www2.faytechcc.edu/IEAForms/COVID19PotentialExposureDataCollectionWorksheet.docx) to individuals designated on form.

The CDC advises you to **Isolate** yourself from others* Separate yourself from others.
* Monitor your symptoms.
* Wear a mask over your nose and mouth when around others.
* Cover your coughs and sneezes.
* Wash your hands often.
* Clean high-touch surfaces every day.
* Avoid sharing personal household items.
 | No, stay away from campus.**No Symptoms:**You may return to campus when:* You have isolated for at least 5 full days after your positive test (Day 0 is the date of your positive test) **and**
* Continue to wear a mask around others for 14 days.

\*\*\*\*If you develop symptoms at any time, follow the procedure below.**Symptoms:**You may return to campus when:* You have isolated for at least 5 full days since your positive test or since your first day of symptoms, whichever is later (Day 0 is the date of your positive test or start of symptoms) **and**
* At least 24 hours have passed with no fever (100.4º F) and no use of fever-reducing medication **and**
* Other Covid-19 symptoms are resolving **and**
* Continue to wear a mask around others for days 6-14.

***Note:****Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Situation/FAQ** | **What is your Vaccine status?** | **What should I do to meet campus policies/CDC guidelines?** | **Can I come to campus/participate in college activities?** |
| Experiencing COVID-19 Symptoms, **no known exposure** | Fully Vaccinated or Not Fully Vaccinated***NOTE: If a student is directed to remain off campus due to a direct exposure or positive test for COVID, please notify the student to immediately get in contact with their instructors to arrange for online participation in all classes.*** | * If you are sick, stay home.
 | No, stay away from campus.Get tested immediately and isolate at home.**Symptoms:**You may return to campus when:* You have a negative test **and/or y**ou have isolated for at least 5 full days since your symptoms developed (Day 0 is your first day of symptoms) **and**
* At least 24 hours have passed with no fever (100.4º F) and no use of fever-reducing medication **and**
* Other Covid-19 symptoms are resolving**.**
 |