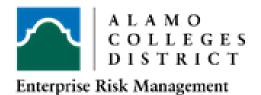


Alamo Colleges District COVID-19 Reporting Procedures

If yo	u are sick	or suspect COVID-19 exposure please follow these procedures:
	Stay Hon	ne Except to Get Medical Care:
	0	Stay Home. DO NOT COME TO CAMPUS
	0	Stay in touch with your health care provider
	0	Avoid public transportation
☐ Separate yourself from		yourself from other people in your home if possible:
	0	Stay away from others
	0	Limit contact with pets and animals
☐ Notify your supervisor/instructor:		our supervisor/instructor:
	0	Notify your supervisor or instructors of your status
	0	Supervisor or instructor will complete the attached Enterprise Risk Management
		Incident Report Form
	Superviso	or/Instructor will:
	0	Complete Enterprise Risk Management Incident Form
	0	Contact your Coordinator of College Risk Management immediately and forward
		completed Incident Form:
		 Will Davis: District Support Offices - wdavis1@alamo.edu (707) 628-0010
		 Gerald Dove: San Antonio College - gdove4@alamo.edu (210) 240-2750
		Garvin Dansby: Northwest Vista College - gdansby3@alamo.edu (210) 722-5580
		Jacob Colunga: St. Philips College - <u>jcolunga7@alamo.edu</u> (210) 596-8979
		 Dr. Tangila Dove: Northeast Lakeview - twatts@alamo.edu (210) 836-7584 Anthony Murph: Palo Alto College - amurph1@alamo.edu (210) 501-8457
		/ manpin rate / mee contege amarphize aramoteca (210) 301 013/
	Coordina	tor of College Risk Management:
	0	Contact Enterprise Risk Management - wdavis1@alamo.edu (707) 628-0010
	0	Forward Incident Report form to ERM
	Keep you	ur supervisor/instructor updated on your status
	0	Continue to follow the advice of your Health Care Team
	0	Continue to follow quarantine guidelines until you are released by your Health
		Care Team.
	0	For more information please follow the CDC guidelines from the website listed
		below. https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-

when-sick.html



DSO

NLC

NVC

ACD EMPLOYEE
STUDENT
CONTRACTOR/VISITOR

PAC SAC

SPC

ERM COVID-19 INCIDENT REPORT

NAME OF AFFECTED PERSON:	EMERGENCY CONTACT:			
ADDRESS:	DOB:	SEX: MALE FEMALE		
HOME PHONE:	CELL PHONE:			
WHERE DID INCIDENT OCCUR:	WAS ACPD CALLED?	YES NO		
WERE MULTIPLE PERSONS INVOLVED? YES NO (IF YES, HOW MANY)	BUILDING NAME/NUMBER:			
DATE AND TIME OF INCIDENT:	DATE REPORTED:			
SPECIFIC LOCATION OF INCIDENT:				
NATURE OF ILLNESS:				
DESCRIBE HOW EXPOSURE OCCURRED: HOW WA	S EXPOSURE VERIFIED?	LAB TEST: Pos.+ or Neg		
		PENDING LAB TEST RESULTS SYMPTOMATIC		
		UNVERIFIED		
DATE AND TIME INFORMATION WAS COMMUNICATED TO PERSON TO SELF-QUARANTINE AND NOTIFY IF POSITIVE TEST FOR COVID-19:				
WITNESS (ES) / NAME & PHONE #				
WAS DISTRICT ERM NOTIFIED? WAS AREA THROUG	HLY CLEANED BY HOUSEKEEF	PING AFTER PERSON LEFT?		
YES NO YES	NO UNKNOW	N		
DID PERSON VISIT ANY OTHER BUILDINGS/AREAS ON CAMPUS? IF YES WHER	E?: YES	NO		
DID PERSON HAVE ANY CONTRACT WITH OTHERS ON CAMPUS? IF YES LIST OF PEOPLE CONTACTED: YES NO				
SIGNATURE OF PERSON COMPLETING REPORT:	DATE:			