



ALAMO COLLEGES DISTRICT

Alamo Colleges District

COVID-19 Reporting Procedures

If you are sick or suspect COVID-19 exposure please follow these procedures:

- Stay Home Except to Get Medical Care:**
 - Stay Home. DO NOT COME TO CAMPUS
 - Stay in touch with your health care provider
 - Avoid public transportation
- Separate yourself from other people in your home if possible:**
 - Stay away from others
 - Limit contact with pets and animals
- Notify your supervisor/instructor:**
 - Notify your supervisor or instructors of your status
 - Supervisor or instructor will complete the attached Enterprise Risk Management Incident Report Form
- Supervisor/Instructor will:**
 - Complete Enterprise Risk Management Incident Form
 - 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 - jcolunga7@alamo.edu (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
- Coordinator of College Risk Management:**
 - Contact Enterprise Risk Management - wdavis1@alamo.edu (707) 628-0010
 - Forward Incident Report form to ERM
- Keep your supervisor/instructor updated on your status**
 - Continue to follow the advice of your Health Care Team
 - Continue to follow quarantine guidelines until you are released by your Health Care Team.
 - 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>



**ALAMO
COLLEGES
DISTRICT**

Enterprise Risk Management

ACD EMPLOYEE

STUDENT

CONTRACTOR/VISITOR

DSO

NLC

NVC

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 WAS 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? YES NO | | WAS AREA THOROUGHLY CLEANED BY HOUSEKEEPING AFTER PERSON LEFT? YES NO UNKNOWN | |
| DID PERSON VISIT ANY OTHER BUILDINGS/AREAS ON CAMPUS? IF YES WHERE?: | | YES NO | |
| DID PERSON HAVE ANY CONTACT WITH OTHERS ON CAMPUS? IF YES LIST OF PEOPLE CONTACTED: | | YES NO | |
| SIGNATURE OF PERSON COMPLETING REPORT: | | DATE: | |