



### SYMPTOM & EXPOSURE PROTOCOL

↓ BEGIN HERE ↓

**DO YOU HAVE A SYMPTOM<sup>1</sup> CONSISTENT WITH COVID-19?**

YES

**QUARANTINE IMMEDIATELY**

**NOTIFY AUTISM ETC!**

Our scheduling department will guide you as you take the next required steps.

**HAVE YOU TESTED POSITIVE FOR COVID-19 IN THE PAST 90 DAYS?**

NO

Choose one of the following:  
**RECEIVE COVID-19 TEST, SEEK CARE FROM PRIMARY CARE PHYSICIAN, OR COMPLETE 10-DAY VOLUNTARY QUARANTINE**

Remain in quarantine until a) negative test result is received, b) receive doctor's note with written permission to return, or c) quarantine is complete

**REMAIN IN QUARANTINE UNTIL TEST RESULT IS RECEIVED**  
MUST PROVIDE VALID NEGATIVE TEST RESULT OR DOCTOR'S NOTE IN ORDER TO RETURN TO THE CLINIC

NO

- 1: SYMPTOMS OF COVID-19 INCLUDE FEVER OR CHILLS, COUGH, 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, DIARRHEA
- 2: EXPOSURE IS WITHIN 6 (SIX) FEET OF A COVID-19 POSITIVE INDIVIDUAL FOR A DURATION OF 15 (FIFTEEN) OR MORE CUMULATIVE MINUTES OVER THE MOST RECENT 24-HOUR PERIOD
- 3: FULLY VACCINATED AND UP-TO-DATE IS TWO WEEKS (BUT NOT MORE THAN FIVE MONTHS) FOLLOWING THE SECOND DOSE OF A 2-DOSE VACCINE (PFIZER, MODERNA) OR TWO WEEKS (BUT NOT MORE THAN TWO MONTHS) FOLLOWING THE FIRST DOSE OF A 1-DOSE VACCINE (JOHNSON & JOHNSON) OR BOOSTED PER CDC RECOMMENDATION

**HAVE YOU BEEN EXPOSED<sup>2</sup> TO SOMEONE WITH COVID-19?**

YES

YES (clients)

**NO ADDITIONAL ACTION IS REQUIRED**  
(monitor closely for symptoms—testing is recommended 5 days following exposures to COVID-19)

**NOTIFY AUTISM ETC!**

Our scheduling department will guide you as you take the next required steps.

**ARE YOU FULLY VACCINATED AND UP-TO-DATE<sup>3</sup> WITH AN FDA-APPROVED VACCINE?**

YES

NO

**90-DAY POST POSITIVE INDIVIDUALS**  
have not developed an immunity to COVID-19. Rather, they may receive a false-positive test result from their prior infection, and symptoms may be the result of a different illness. In this case, obtain doctor's note with written permission to return to the clinic.

**INDIVIDUALS WITH FULL & UP-TO-DATE VACCINATION**  
are permitted to enter the clinic without restriction so long as they do not have COVID-19 and are compliant with Autism ETC's standard 24-hour illness policy. If symptoms of COVID-19 persist, obtain doctor's note with written permission to return to the clinic.

**BEGIN 5-DAY QUARANTINE (OPTIONAL FOR CLIENTS) OR DAILY TESTING (EMPLOYEES ONLY) FROM DATE OF LAST EXPOSURE**

If symptoms develop, start over from beginning of this chart. If no symptoms are present, continue on.

**TESTING RECOMMENDED**  
for vaccinated individuals 5-days following exposures to COVID-19.

Choose one of the following:  
**RECEIVE COVID-19 TEST, SEEK CARE FROM PRIMARY CARE PHYSICIAN, OR COMPLETE 10-DAY VOLUNTARY QUARANTINE**  
Remain in quarantine until a) negative test result is received, b) receive doctor's note with written permission to return, or c) quarantine is complete

Screening questions remain in effect for all household members!

**- NEGATIVE TEST RESULT -**  
Autism ETC's normal illness policy is in effect: each individual must be fever-free (less than 100.4°F) and symptom-free for a minimum of 24 hours before returning to the clinic. For example: a temperature is taken at 7am on a Tuesday and is free of fever. The individual may return to the clinic at 8am on Wednesday. If symptoms of COVID-19 persist, obtain doctor's note with written permission to return to the clinic. Please confirm an action plan with Autism ETC prior to returning.

**+ POSITIVE TEST RESULT +**  
Each COVID-19 positive individual should immediately quarantine and seek guidance from a primary care physician or local Health Department to determine a care plan. Individuals that test positive for COVID-19 should isolate for a minimum of 5 days, and may discontinue isolation after day 5 if they are asymptomatic or their symptoms are resolving (without fever for 24 hours) or present a doctor's note stating they have been cleared of COVID-19. After receiving confirmation of a positive case, Autism ETC will immediately establish the exposure threat through contact tracing. All exposed persons must receive a negative COVID-19 test result, receive a doctor's note with written permission to return, or complete a 10-day voluntary quarantine before returning to the clinic. Please confirm an action plan with Autism ETC prior to returning.