

“**Contagious period**” for a **symptomatic person** infected with COVID19 is the first 48-hours before the individual begins to develop symptoms, until 10 days have passed since the initial onset of symptoms AND 24 hours after the fever is resolved – whichever duration is longer. After 5 days, the viral load is significantly reduced (as long as fever no longer persists) such that a person may return to public interactions, as long as they wear a mask until the end of their 10-day recovery period.

“**Contagious period**” for an **asymptomatic person** infected with COVID19 is considered to be (potentially) the first 48-hours before the positive COVID19 test sample was collected and 10 days after the date of test sampling. After 5 days, the viral load is significantly reduced (as long as they have remained asymptomatic) such that a person may return to public interactions, as long as they wear a mask until the end of their 10-day recovery period.

“**Contagious person**” someone who has been infected with COVID19 and their body is actively replicating and shedding the virus through droplet transmission at such level that would be sufficient to infect another person (sufficient viral load).

“**Direct-contact**” (also known as [close-contact](#)) means being within less than 6 feet of physical-distance from another person for a significant amount of time (more than 15 minutes).

“**Droplet transmission**” means that microscopic droplets of saliva and mucous are sprayed to the air when a person coughs, sneezes, or breaths heavily (such as, while exercising or singing). These droplets can be infectious when they travel in the air from a contagious person and are inhaled by another individual who is in close proximity (within 6 feet). For COVID19, the infectious droplets fall out of air and are not expected to linger after the person has left the space.

Note: *The majority of these droplets are filterable through multilayered cloth-face covering, as long as it is properly fitted to the face mask. To be effective the mask must cover both, the nose and mouth, and tuck under the chin. A disposable mask (such as non-medical grade procedural face mask or KN95 filtering face-piece) can serve as a more enhanced level of protection from COVID19 droplet transmission than a cloth-face covering. To evaluate which mask is appropriate for the working task, [click here](#), for an app provided by L&I (WA State Labor & Industries): <http://wisha-training.lni.wa.gov/training/articulate/maskselection/story.html>. If double-masking a KN95 and/or procedural face mask may be used atop the cloth covering (for purposes of improving fit). Do not double mask with two disposable masks, this can be harmful and does not improve the overall filtration benefit. For further guidance on wearing masks see *Guidance for Wearing a Mask & How to Improve your Protection* in attachment to this program.*

“Essential workers” are employees whose work activities must continue during a pandemic shelter-in-place declaration, due to the nature of the work being essential for the continued safe operation and function of human life or civilization. The ability to work remotely or requirement for hands-on /on-site work does not declare essential work services.

“Frontline healthcare workers” are employees who work in direct-contact with individuals known or suspected to be infected with the novel coronavirus. Frontline workers have a work environment with increased transmission risk, which requires mitigation and infection control measures to be set in place to reduce that exposure risk.

“Frontline workers” are employees whose work activities require that they interface large numbers of persons from the general public. Frontline workers have a work environment with increased transmission risk, which requires mitigation and infection control measures to be set in place to reduce that exposure risk. The inability to work remotely or requirement for hands-on /on-site work does not declare frontline work services; it is the activity which interfaces the public.

“Infected person” someone who has been exposed to COVID19 and contracted the virus. This does not necessarily mean the person is contagious.

“Isolation” is the separation of sick-people with a contagious disease from people who are not sick. People who experience COVID-like symptoms should get tested and isolate (regardless of whether or not they have been vaccinated or whether or not they rationalize why they don’t think they are infected), based on [campus isolation requirements](#).

“Person Under Investigation” (PUI) someone who has had a known or “potential-exposure” to a contagious individual infected with COVID19. It is not known whether the PUI has been infected, therefore the person is “quarantined” until it is clear that the person has not been infected. This measure protects the potential of inadvertently spreading the virus, if the person becomes contagious. People who’ve had direct-contact with a “person under investigation” before that person was quarantined, are not considered “potentially exposed” and do not need to quarantine unless otherwise directed by a public health or healthcare professional.

“Physical-distancing” means to maintain 6 feet of physical-distance from other people (3 feet in areas of low-level transmission rates or high-level vaccination prevalence); also known as “social distancing.”

“Potential-exposure” is having had sustained contact, for 15 minutes or more, at less than 6 feet, within 48 hours before to the individual’s symptoms onset or while symptomatic. Although masking reduces the risk of actual-exposure, a person is considered potentially exposed regardless of whether or not a mask (or personal protective equipment) was worn. Potential-exposure also includes being intimate with, or being sneezed/coughed on by the individual, within 48 hours before to the individual’s symptoms onset or while symptomatic.

“**Quarantine**” isolates people who have had “potential-exposure” to a contagious individual infected with COVID19. There are quarantine standards for both vaccinated and unvaccinated individuals. People who might have had a “potential-exposure” must quarantine according [campus quarantine requirements](#). **Note:** Department of Health contact-tracers or hospital officials might inform you of their policy on isolation/quarantine but you must follow their direction AND campus quarantine requirements, whichever is more stringent. If you have questions or are confused, contact healthandsafety@seattlecolleges.edu to establish a safe campus return date.

“**Recovery-period**” means 10 days after a sick individual first became ill AND at least 24 hours after the fever has resolved, whichever duration is longer.