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| **Chart For Assessing the Risk** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Class** | **Level High** | Level Medium | Level Low | Action Needed | Mask | 2 Meter distance | Ventilation | HAPPA filters | Work from home | Action taken: | **√** |
| Non-Vaccinated | **High** |  |  | YES |  |  |  |  | √ |  |  |
| Single dose | **High** |  |  | YES | √ | √ | √ | √ |  |  |  |
| Second dose |  | Medium |  | YES | √ | √ | √ | √ |  |  |  |
| Booster |  |  | Low | YES | √ | √ | √ |  |  |  |  |
| **Booster**  |  |  |  | YES |  |  |  |  |  |  |  |
| **Booster** |  |  |  | YES |  |  |  |  |  |  |  |
| Antigen Test Required YES |
| **Class** | **Level High** | Level Medium | Level Low | Action Needed | Mask | Daily | Every second day | 3 times per week | Action taken: | **√** |
| Non-Vaccinated | **High** |  |  | YES | √ | √ |  |  |  |  |
| Single dose | **High** |  |  | YES | √ | √ |  |  |  |  |
| Second dose |  | Medium |  | YES |  |  | √ |  |  |  |
| Booster |  |  | Low | YES |  |  |  | √ |  |  |
| Steps to take each day |
| **Signs** | Stay at home | PCR Test | Antigen test | Non-Vaccinated | Single dose | Second dose | Booster | **Booster** | Action taken | **√** |
| **Fever or chills** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Cough** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Shortness of breath** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Lost or changed sense of smell or taste** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Sore throat** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Headaches** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Runny or Stuffy Nose** | Stay at home | PCR Test | Antigen test | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| **Sneezing** | Stay at home | PCR Test | Stay at home | Stay at home | PCR Test/Antigen test | PCR Test/Antigen test | Antigen test |  |  |  |
| Procedures to follow if you are concerned about infection - Asymptomatic |
| **I am a close contact.** | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Arrange for a PCR Test | Positive | Yes | **Upload antigen test/or PCR** | You will need to Isolate for 7 days after notice of the confirmed test |
| No | No | Take an Antigen Test | No | Take an antigen test every day  | Continue taking the antigen tests, wear a mask and wash your hands. |
| **Booster vaccine**  | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Take an Antigen Test | Positive | Yes | **Upload antigen test/or PCR** | Wear mask and take antigen tests |
| No | No | Take an Antigen Test | No | Continue with Antigen tests each day | You will need to take 5 antigen tests one every second day. |
| **Unvaccinated** | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Arrange for a PCR Test | Positive | Yes | **Upload antigen test/or PCR** | You may need to self-isolate until you get the results. |
| No | No | Take an Antigen Test | No | Continue with Antigen tests each day | Restrict your movements for 7 days  |
| Procedures to follow if you are concerned about infection - Symptomatic |
| **Not Sure if I am a close contract.** | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Arrange for a PCR Test | Positive | Yes | **Upload antigen test/or PCR** | You will need to Isolate for 7 days after notice of the confirmed test |
| No | No | Take an Antigen Test | No | No need to Isolate | Continue with Take an Antigen Test every second day but there is no need for self-isolation |
| **Booster vaccine**  | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Take an Antigen Test | Positive | Yes | **Upload antigen test/or PCR** | You may need to self-isolate until you get the results |
| No | No | Take an Antigen Test | Yes  | Take an Antigen Test | You may need to self-isolate until you get the results |
| **Unvaccinated** | Where you with someone who confirmed they had covid | Yes | Do you feel unwell | Yes | Take an Antigen Test | Positive | Yes | **Upload antigen test/or PCR** | You will need to Isolate for 7 days after notice of the confirmed test |
| No | No | No | Continue taking Antigen tests every day  | You do not need restrict movement for 7 days |