Health Screening Policy to Address COVID-19 as of September 2, 2020

Required Daily Campus Access Screening:

On days when an ASL community member wishes to access campus, that community member **MUST** complete a daily health screening on Campus Clear before he or she arrives. The screening can be accessed via downloading the app from https://www.campusclear.com/ or through the web-based version of the app at https://web.ivy.ai/app/campusclear. Campus Clear will inform you each day whether you are permitted or prohibited from accessing campus. If the screening tells you that you are prohibited from accessing campus, please email Abigail Wescott at awescott@asl.edu to receive guidance on next steps.

Each day's screenings will be utilized to develop attendance sheets for classes, faculty, and staff. To administratively allow enough time for these sheets to be developed, please refer to and comply with the time list below regarding when to complete your daily screening.

After completing your daily Campus Clear reporting and being cleared to come on campus for the day, if you develop symptoms or other criteria that would cause you to change any of your answers AND you are expected to be on campus after you develop the symptoms, you need to report this development to Abigail Wescott so your Campus Clear status can be updated for the day. Remember that you can only receive attendance credit for attending class remotely if you are on the Campus Clear list for that class. Please note that Abigail may not be immediately available for responding outside of the usual reporting schedule, so you should copy your professor for that class session.

> Example: I complete Campus Clear at 7:30 a.m. reporting "I feel great!" and am cleared to attend my 10:00 a.m. class. After lunch, I develop a cough and a headache, but I have another in-person class at 3:00 pm. I need to email Abigail Wescott, with a copy to my professor, so she can update my Campus Clear status for the attendance sheet for my 3:00 class.   Note that if I did not have another class that day, I would NOT need to notify Ms. Wescott.

Any individual who reports as having symptoms of COVID-19 for three days consecutively are asked to receive a COVID-19 test, the cost of which will be covered by ASL if it is not covered by your health insurance. Please send the test results to Ms. Wescott after receiving them. That individual will also need to fill out the Disclosure Form, in order to plan for contact tracing. If the test results come back negative and symptoms stop the next day, the individual will be allowed back on campus. If the test result comes back negative, but symptoms continue into the fourth and fifth day, another COVID-19 test will be required. The cost of this second test will also be covered by ASL if not covered by your health insurance. Those results must also be sent to Ms. Wescott.

Weekdays:	
Arrival to Campus:	**Screening Due:**
7:45 - 8:45 AM	6:30 AM
8:46 -9:45 AM	7:30 AM
9:46 – 10:45 AM	8:30 AM
10:46 – 11:45 AM	9:30 AM
11:46 AM – 12:45 PM	10:30 AM
12:46 – 1:45 PM	11:30 AM
1:46 – 9 PM	12:30 PM

Weekends:	
Arrival to Campus:	**Screening Due:**
7:45 - 8:30 AM	7:00 AM
8:30 AM – rest of the day	8:00 AM

General Self-Monitoring Support:

All community members are encouraged to self-monitor and track their symptoms and temperatures twice daily at home using the ASL Daily Monitoring Log for 2019 Novel Coronavirus form found as Exhibit A. If a community member answers yes to any of the screening questions or has a fever (100.4°F or higher), the community member should stay home and not report to campus.

Students are reminded that failure to abide by any COVID-19 related policy violates the Code of Student Conduct/Code of Academic Integrity. Faculty and Staff are reminded that failure to abide by any COVID-19 related policy violates the Personnel Policies and Procedures Manual.

If you have any questions or concerns, please contact Abigail Wescott at awescott@asl.edu

Exhibit A: **ASL Daily Monitoring Log for 2019 Novel Coronavirus[1]**

Name: _____ Date of Birth: _____

The attached charts have been provided to assist with monitoring for Coronavirus Disease 2019 (COVID-19) for the 14 days since the last possible exposure to the virus that causes COVID-19. Please use these to record your temperature twice daily and any symptoms, should they occur. Measure your temperature twice a day (once in the morning and once in the evening) and record the temperatures on the log that you have been given. It is good to take your temperature at around the same times each morning and evening. Do not eat or drink anything for 30 minutes before taking your temperature, and do not take any fever-lowering medications (e.g., aspirin, Tylenol, ibuprofen, Aleve, etc.).

Not everyone with COVID-19 develops symptoms. If symptoms develop, they typically appear 2-14 days after exposure to the virus. People with COVID-19 who develop symptoms have reported a wide range of symptoms, ranging from very mild to severe. Symptoms may 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, or diarrhea. Not everyone with COVID-19 will have all symptoms and fever might not be present. For a full list of symptoms, please see www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

If you develop symptoms of COVID-19 (even if your symptoms are very mild), stay home, rest, and separate yourself from other people or animals in your home as much as possible. Most people sick with COVID-19 develop mild symptoms that get better without medical help. If you have symptoms and want to get tested for COVID-19, please call your healthcare provider. Your provider may collect samples to test you or help you to find sampling sites in your area. For more information, visit the VDH site What to Do If You Have Confirmed or Suspected COVID-19.

If you are at a higher risk of getting very sick with COVID-19 (e.g., older adults or people of any age with other health issues like chronic lung disease, heart disease, diabetes, cancer, or a weakened immune system) or if your illness is getting worse (e.g., difficulty breathing or persistent fever after using fever-reducing medication), call your healthcare provider.

- If possible, and if it is not a medical emergency, you should have a family member or a friend drive you in a private car. Do not take public transportation (such as a train, subway/metro, bus, taxi). Carry any paperwork (for example: fever chart and local health department contact information) with you so you can show them when you arrive at the emergency department.

- **If you become very ill and it is a medical emergency, call 9-1-1.** Tell the operator about your symptoms and if you have been exposed to someone sick with COVID-19 and let the ambulance crew know when they arrive.

You may wish to record contact information for your healthcare provider, the health department, and a local emergency department for easy reference if you become ill or if you have questions.
- Local Health Department:

      Name: _____

      Phone Number: _____

- Healthcare Provider:

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[1] Taken from and developed based on the Virginia Department of Health "VDH Daily Monitoring Log for 2019 Novel Coronavirus"

Name: _____

Phone Number: _____

- Local Emergency Department:

    Name: _____

    Phone Number: _____

ASL Daily Monitoring Log for COVID-19

Please complete the table below, recording temperature and symptoms each day. For each symptom listed, indicate "Y" for "Yes" and "N" for "No". Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel: _____

Where did you travel to and how many miles away is it from the ASL campus?: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

DATE	Day 1 __/__	Day 2 __/__	Day 3 __/__	Day 4 __/__	Day 5 __/__	Day 6 __/__	Day 7 __/__
Fever reducing medications taken today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:							
Temperature (morning)	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Temperature (evening)	___°F	___°F	___°F	___°F	___°F	___°F	___°F
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal Pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Developed based upon VDH's Daily monitoring Log for COVID-19.

ASL Daily Monitoring Log for COVID-19

Please complete the table below, recording temperature and symptoms each day. For each symptom listed, indicate "Y" for "Yes" and "N" for "No". Day 1, Day 2, etc. corresponds with the number of days since your last known exposure (or travel).

Name (Last, First): _____

Date of last exposure or travel: _____

Where did you travel to and how many miles away is it from the ASL campus?: _____

Date to complete monitoring (14 days following last known exposure or travel from affected area): _____

DATE	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_	_/_/_
Fever reducing medications taken today?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:							
Temperature (morning)	°F	°F	°F	°F	°F	°F	°F
Temperature (evening)	°F	°F	°F	°F	°F	°F	°F
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal Pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Developed based upon VDH's Daily monitoring Log for COVID-19.