

William Paterson University
Re-Opening Plan
Self- Screening for all Employees for COVID-19

According to the Occupational Health and Safety Act of 1970 all employers are to:

Assure safe and healthful working conditions for employees by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health; and for other purposes.

In light of the COVID19 pandemic, the New Jersey State Government has developed standards known as “One Jersey” which is “a pact “between businesses and consumers on the one hand, and employers and their employees on the other, and vice versa” Part of this pact includes daily screening of employees for COVID-19 symptoms prior to reporting to work.

In order to prevent stigma and discrimination at William Paterson University, the employee health screenings will be as private as possible. Determinations of risk based on race or country of origin will not made, and each individual’s medical status and history will be maintained confidentially by Human Resources.

William Paterson University will be implementing daily screening of all employees prior to the start of each workday by inquiring about symptoms of COVID-19, as well as requiring employees to self-check daily temperature. A symptom checklist will be made available to every employee to fill out daily along with their temperature. **Faculty and staff should not come to campus and should stay home except to get medical care when they have tested positive for or are showing symptoms of COVID-19.** Faculty and staff who have recently had close contact (< 6 feet) for ≥15 minutes with a person with COVID-19 should also stay home and monitor for symptoms.

Temperature check:

Fever of 100 degrees or higher is one of the symptoms of COVID-19. It is required that employees take their temperatures before the beginning of the workday or work shift (before entering the workplace). Any record or log of temperatures will be treated as confidential medical information.

Other symptoms:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.¹

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever (see above)
- Chills alternating with sweating
- 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

Look for possible warning signs for a COVID-19 emergency situation. If you are showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- **Call your medical provider for any other symptoms that are severe or concerning to you.**

¹ The symptoms listed in this policy are based on current public health information and may not constitute a complete list. **Any questions about health concerns should be directed to an individual's health care provider.** Nothing in this policy is intended to be medical guidance or advice.

Screening tool

This tool is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you believe that you are in an emergency medical situation, call 911 or your local emergency number.

Information about COVID-19 is constantly changing. In addition, the level of COVID-19 activity varies by community, as does the availability of testing. For current updates on COVID-19 and details on testing and other health measures in your state, check with your local public health agency and visit the CDC website at [cdc.gov](https://www.cdc.gov).

Employee COVID 19 screening
Please complete the following screening daily and record your temperature

Date _____

Employee Name _____
 Temperature _____

	YES	NO
Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 15 minutes, or had direct contact with their mucus or saliva, in the past 14 days?		

***IF YOU SAID YES TO THIS QUESTION, STAY HOME, AND CONTACT HUMAN RESOURCES AND YOUR MEDICAL PROVIDER. YOU SHOULD BE TESTED FOR COVID-19.**

In the last 48 hours, have you had any of the following NEW symptoms? **Check all that apply.**

SYMPTOM	YES	NO
Fever 100 or above		
Body chills with sweating		
Cough		
Shortness of breath or difficulty breathing		
Fatigue		
Muscle or body aches		
Headache		

New loss of taste or smell		
Sore throat		
Congestion		
Nausea vomiting or diarrhea		
Persistent pain or pressure in chest		

*IF YOU SAID YES TO ANY OF THESE SYMPTOMS, STAY HOME, CONTACT HUMAN RESOURCES AND YOUR MEDICAL PROVIDER. IT MAY BE RECOMMENDED THAT YOU GET TESTED FOR COVID-19.

Do you have any of the following possible emergency symptoms? **Check all that apply**

Symptoms	YES	NO
Trouble breathing		
Persistent pain or pressure in the chest		
New confusion		
Inability to wake or stay awake		
Bluish lips or face		

*IF YOU HAVE ANY OF THESE SYMPTOMS IT IS RECOMMENDED THAT YOU SEEK IMMEDIATE MEDICAL ATTENTION OR CALL 911