



SAN DIEGO STATE UNIVERSITY POLICE DEPARTMENT

UPD Temperature Check Procedures

Effective **June 1st, 2020**, temperature checking is required for those entering the University Police facility. The purpose of this process is to safeguard the health and well-being of UPD personnel by alerting individuals to symptoms of a possible infection, thus mitigating exposure to employees amid the COVID-19 pandemic and remain consistent with current health mandates.

Temperature Check Instructions:

1. Utilize a thermometer to record your temperature. Instructions on how to operate the thermometer will be posted at the temperature check station. If a thermometer is malfunctioning, you must complete a self-check inventory form (See self-check inventory form instructions).
2. If your temperature is below 100.0°F, please see steps 5 and 6.
3. If your temperature is 100.0°F or above, you should retreat to a shaded area outside, keep your facial covering on, and sit and rest for 15 minutes while maintaining a minimum of 6 feet distancing from other personnel. Do not consume foods or beverages during this time. There are many factors that can contribute to an elevated temperature. Depending on the type of thermometer used, things like drinking beverages or sweat on the skin can disrupt the temperature reading.
4. After 15 minutes of rest, re-check your temperature. If the second reading of your temperature is still 100.0°F or higher, you should seek medical attention as needed.
5. Even if you are wearing gloves, you are responsible for sanitizing the thermometer and disinfecting the area. (See instructions for sanitizing the area at the temperature check station).
6. If your temperature does not exceed 100.0°F, please complete the "Temperature Check Log" on the clipboard and then immediately exit the lobby to begin your shift.

Self-Inventory Check Form Instructions:

1. If a thermometer is malfunctioning, you must submit a self-check inventory form in lieu of completing the "Temperature Check Log."
2. Locate the self-check inventory form at the temperature check station.
3. If you are exhibiting emergency symptoms or meet the criteria to return home/seek medical attention.
4. Even if you are wearing gloves, you are responsible for disinfecting the area. (See instructions for sanitizing the area at the temperature check station).
5. Complete the form and place it inside of the manilla folder labeled, "Self-Inventory Check Forms."



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Self-Check Inventory Form

Completion of this form is mandatory if a Department-issued thermometer is malfunctioning.

Date/Time: _____ Name: _____

When to Seek Medical Attention:

If you have any of these **emergency warning signs*** for COVID-19, **get medical attention immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Notify the dispatcher that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

Self Checklist:

1. Are you ill, or are you caring for someone who is ill with COVID-19?
 Yes
 No
2. In the last two weeks, did you care for or have close contact with someone diagnosed with COVID-19?
 Yes
 No
3. Are you experiencing **ANY** of the key indicator COVID-19 symptoms below? If so, you are authorized to immediately return home and self-isolate or seek medical attention. You should call a UPD dispatcher via cell phone and notify them of your absence. You shall also inform your manager as soon as practical for further instructions.
 Cough
 Shortness of breath
 Difficulty breathing
 NONE
4. If you are experiencing at least **(2)** of the following COVID-19 symptoms below, you are authorized to return home and self-isolate. You should call a UPD dispatcher via cell phone and notify them of your absence. You shall also inform your manager as soon as practical for further instructions.
 Repeated shaking with chills
 Headache
 Muscle pain
 Less common symptoms*
 Sore throat
 NONE
 New loss of taste or smell

** Less common symptoms have been reported to include nausea, vomiting, or diarrhea

This form does not list all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

By signing this form, I acknowledge that I do not meet any of the COVID-19 emergency warning signs or the criteria listed in questions (3&4). Should I exhibit COVID-19 symptoms, I will notify UPD immediately and seek medical attention as needed.

Signature

