

**Assessment of
Recommended COVID-19 Workplace Risk Management Protocols for
Credit-bearing Experiential Learning Activities**

Version 1. Issued 6/10/2020

This Assessment of Recommended COVID-19 Workplace Risk Management Protocol is to be completed by the Host Institution Supervisor, when the student is seeking credit-bearing experiential learning beginning as of the issue date of this document, or later. The submission of this form does not guarantee the student to receive academic credit for the experience, as the academic unit may have additional requirements set forth by their department.

This form documents an expectation for COVID-19 risk management during the Student's experience at the Host Institution. Expectations for COVID-19 risk management measures may be updated or revised based on federal, state, or local public health guidelines and mandates. Note that the Host Institution Supervisor should indicate for each measure Yes, No, or N/A (not applicable to the role).

Student and Host Institution Information

Student name:

Student email:

Host Institution:

Host Institution Supervisor:

Host Institution Supervisor email:

Does the proposed experiential learning experience include in-person activities?

___ YES – if yes, the Host Institution Supervisor shall initial this line and complete the following expectation table before signing the document

___ NO – if no, and when the experience is fully remote and will NOT include any in-person activities, the following assessment is not required. Initial here and sign the document.

Expectation of measures to be taken by the Host Institution and Student	Site Supervisor		
	YES	NO	N/A
1. The Host Institution will share with the student its COVID-19 related safety guidance, including any obligation or expectation about COVID-19 testing or contact tracing and will provide training to the Student regarding the Host Institutions policies and procedures related to COVID-19. The Student will be supported and expected to follow guidance provided by the host institution, University, and/or Centers for Disease Control and Prevention (CDC), whichever is more protective.			
2. The Student will be supported and expected to practice physical distancing by maximizing physical distance (no less than 6 ft.) between personnel or public. Maximum occupancy in facilities will be determined by measures of physical distancing (e.g., 6 ft).			
3. The Student will be supported and expected to not attend gatherings of more than 10 people.			
4. The Student will be supported and expected to wash their hands immediately before and after their time at the facility, and regularly while at the facility, following CDC guidelines .			
5. The Student will be supported and expected to wear a face covering when indoors except when working alone in a private office or private vehicle. If the Student is using a reusable mask, the mask needs to be cleaned every day for next-day use, following CDC guidelines.			
6. Workspaces (office desks, lab benches, biosafety cabinet work surfaces, etc.) and common touchpoint surfaces (keyboards, door handles, touchscreens, chairs, etc.) will be disinfected by team members, including the Student, before and after each use and daily, following CDC guidelines.			
7. To the extent necessary for the job being performed, the Student will be supported and expected to wear gloves or other PPE.			
8. Students will NOT provide service to individuals with known COVID-19 or, in the case of clinical placements, for patients with symptoms that may be due to COVID-19.			
9. If the Student feels ill or displays any COVID-19 symptoms, they will be supported and expected to stay home suspend all on-site activities and continue to self-monitor for COVID-19 symptoms for at least 14 days.			

If the answer to any of the measures described above are No or N/A – please provide additional details and/or context. In the case of a No answer to item 2 or any other item, confirm whether this is clinical placement or student teaching placement that may qualify for an exemption.

By signing this document as the Host Institution Supervisor for a student earning University of Arizona academic credit, I represent that my answers are true to the best of my ability and agree to maintain COVID-19 risk management measures as described above.

Host Institution Supervisor, signature and date

By signing below, I acknowledge my responsibility to abide by the above expectations for protecting my health and the health of my contacts within the organization that will host my learning experience.

Student, signature and date

In the case that the academic credit requested is for an internship [house numbered -93 course per the University catalog], this is an addendum to the [Internship Work Plan and Disclosure of Insurance Coverage for University Internships for Credit](#).