



# Commitment to Shared Responsibility

*Fall 2021*

## **INTRODUCTION**

Choosing to be a member of the Sterling community means that each of us must be vigilant and persistent in protecting our own health, wellness, and each other, on campus and in the greater community. By pledging my Commitment of Shared Responsibility, I will take responsibility for my own health, the protection of others, and to help keep the Sterling community safe from the spread of COVID-19 and other infections as identified and instructed by the College.

I understand that COVID-19 protocols may continue to change as the pandemic situation itself changes, and I will comply with all protocols as they evolve. I understand that violations of the public health and safety protocols, including any future COVID-19 public health and safety directives from College or other local, state or federal officials, may result in my immediate removal from campus for the duration of the COVID-19 or public health crisis in addition to any sanctions assigned through the College's conduct policies and processes.

The Commitment to Shared Responsibility will be an addendum to our College's Policy of Dangerous and Disruptive Behavior. When behavior constitutes a serious disruption or danger to the living, working, or learning environment that the College seeks to create, the College may respond in a number of ways, from providing needed supplies and support, to mediation, to separating the individual from the institution, if necessary.

I will to take the necessary steps to protect myself and others, including the following:

## **PRE-CAMPUS ARRIVAL**

1. I understand that state-mandated public health guidelines and Sterling guidelines may continue to change as the COVID-19 pandemic continues to evolve globally, and I will follow these guidelines as they are communicated to me by Sterling's Student Life and Wellness team.
2. I will not come to campus if:
  - I have any COVID-19 symptoms as defined by the [CDC](#).
  - I am unvaccinated and I have been in close contact with someone who is positive for COVID-19 (The CDC defines "close contact" in these circumstances as "anyone who was within six feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until the time the patient was isolated.")
  - I have tested positive for COVID-19 within the last 14 days.



3. I will follow all health and safety precautions during travel. If I am unvaccinated against COVID-19, I will limit stops to only those that are necessary, practice physical distancing from others whenever possible, always wear a face covering, and use frequent and proper hand hygiene (i.e., washing hands for at least 20 seconds with soap and warm water or using hand sanitizer when soap and water are not available). I will travel to the Sterling campus as directly as possible and will arrive on campus at my designated arrival time.

### **POST-CAMPUS ARRIVAL - Testing, Contact Tracing, Health Monitoring**

I will comply with all COVID-19 testing protocols as directed by the College and/or local, state, or federal officials. I understand that protocols may change as the pandemic situation itself changes, and I will comply with all protocols as they evolve.

- I understand that, due to the public health emergency, COVID-19 test results will be shared with Sterling Wellness Center, the Vermont Department of Health, and other health-related agencies as necessary following strict HIPAA confidentiality guidelines.
- I will comply with all confidential contact tracing protocols as directed by the College, the Vermont Department of Health, or other local, state, or federal officials, including supplying the names and contact information of other individuals with whom I have been in recent, close contact, to the contact tracer.

### **ARRIVAL DAYS TESTING SCHEDULE**

(all testing will be conducted at Strong Hall in the woodshop)

August 16: DAY ZERO Student Leaders  
August 21: DAY ZERO New Students  
DAY SEVEN Student Leaders  
August 22: DAY ZERO Returning Students  
August 29: DAY SEVEN Returning Students  
August 30: DAY SEVEN New Students

### **If I am unvaccinated, or if I have not shared proof of vaccination status:**

- I will wear a mask at all times while indoors (including classrooms and common spaces in residences), unless it has been absolutely clarified that I am the only unvaccinated person in the room.
- I will not consume meals in the dining hall.
- I will share a monthly negative COVID-19 test result with the Director of Wellness Services. Testing, transportation, and fees are the employee and/or student's financial responsibility.



- I will maintain a contact journal that lists the names of other people with whom I have been in close contact each day. "Close contact" is defined as contact with any person closer than six feet for at least 15 minutes. A journal is not required for situations where there is already a record of individuals at a certain location (e.g., classes or other scheduled events where the list of participants is ordinarily recorded). I agree to share this information with the contact tracer to assist with the contact tracing process.

**Regardless of whether I am vaccinated or unvaccinated:**

- I will monitor myself for COVID-19 symptoms at all times. In the event that I am sick with any illness I will notify the Director of Wellness Services and the Dean of Community. I will quarantine in my dorm room (or in my off-campus residence, as applicable) until I receive further guidance from the Director of Wellness Services or other appropriate health official.
- I will wear a mask and physically distance while indoors in off-campus public places, such as the grocery store, or in indoor situations in which the vaccination status of others is unknown.

**QUARANTINE AND ISOLATION**

**For Commuter Students:**

- If I am unvaccinated and experience any symptoms of illness, or if I believe that I have been in [close contact](#) with someone who is positive for COVID-19 regardless of my vaccination status, I will notify the Director of Wellness Services immediately for guidance. I will comply with all isolation, quarantine, and other procedures as directed by the College or other local, state, or federal officials. I agree to self-quarantine in my private residence to avoid exposing others, to undergo COVID-19 testing, and to refrain from physical contact with others except to receive medical care. If I receive a positive COVID-19 test at any time, I agree to follow all health directives from the College or other appropriate medical provider. I understand that I may be required to participate in contact tracing and subsequent COVID-19 testing and symptom monitoring during the isolation period.

**For Residential Students:**

- If I experience any symptoms of illness, or if I believe that I have been in [close contact](#) with someone who is positive for COVID-19, regardless of my vaccination status, I will notify the Director of Wellness Services and the Dean of Community. I will comply with all isolation, quarantine, and other procedures as directed by the College or other local, state or federal officials, including requests to self-quarantine in my room to avoid exposing others, to undergo COVID-19 testing, and/or temporary transfer to isolation housing and refraining from physical contact with others except to receive medical care.



- While in self-quarantine, I will stay in my bedroom and will not leave that room for any reason except to use the bathroom or in case of a health or other emergency. When leaving my room to use the bathroom or in case of an emergency, I will wear a mask at all times (except for when personal grooming (shower, etc), and I will adhere to strict physical distancing requirements around others. I will have no visitors. I understand that meals will be delivered to me. When in quarantine, I will submit my daily symptom report directly to the Department of Health via their [Sara Alert](#) system.
- If I receive a positive COVID-19 test at any time, I agree to follow all health directives from the College or other appropriate medical provider. I understand that I will be required to participate in contact tracing, symptom monitoring and reporting, and possible subsequent COVID-19 testing during the isolation period.

## HYGIENE

- I will frequently and thoroughly maintain hygiene by regular hand washing, at least 20 seconds, with soap and warm water or using hand sanitizer when soap and water are not available.
- I will at all times avoid touching my face with my hands.
- I will not share utensils, glasses, pens or pencils, laptops, keyboards, microphones, toothbrushes, or other similar personal products.
- I will responsibly dispose of any sanitizing or disinfecting wipes and related materials.
- I will cover my mouth and nose with tissues or use the inside of my elbow when I cough or sneeze. I will throw all tissues in the trash and immediately wash my hands with soap and water or use hand sanitizer.
- I will keep my residential space clean and will clean shared spaces and surfaces before and after use (e.g., bathrooms, classroom tables and desks, and study spaces). I will use cleaning supplies provided by the College to clean shared spaces.

## UPDATED COVID HEALTH POLICY FALL 2021

**ALL COMMUNITY MEMBERS MUST WEAR MASKS INDOORS AND WHEN UNABLE TO PHYSICALLY DISTANCE THEMSELVES FROM OTHERS OUTDOORS, WHILE WE WAIT FOR ALL DAY ZERO TEST RESULTS TO RETURN.**

### **Vaccinated Students & Employees**

Vaccinated community members, who have completed the [HIPAA-compliant jot form](#), will be required to wear masks and physically distance at least until after all of the Arrival Days Day Zero test results have all been received.



### **Unvaccinated Students & Employees**

Community members who are unvaccinated or who have not completed the [HIPPA-compliant jot form](#) are strictly required to share a monthly negative COVID-19 test result. Testing, transportation, and fees are the employee and/or student's financial responsibility. Coordinate with the Student Life team if guidance or assistance is needed.

1. **Unvaccinated community members** may live and work on campus, and must mask indoors at all times, except when alone in their room or bathroom.
2. **Unvaccinated community members** must wear masks when entering the dining hall and may not remove their masks in the dining hall.

### **Guests to Campus**

- Unvaccinated guests must wear masks and physically distance themselves from others inside any building.
- Guests must [sign in](#) with whichever department or person they are visiting. Hosts are responsible for the conduct of their guests.
- Guests of students must sign in with a student leader. Students are responsible for the behavior of their guests. Students whose guests do not follow guidelines will become ineligible to live on campus.

## **FURTHER REQUIREMENTS**

### **Interacting with Community Groups**

- Outdoors: unvaccinated employees and students must mask outdoors only when unvaccinated individuals are unable to adequately distance from other unvaccinated individuals.
- Indoors: unvaccinated employees and students may not participate unless the entire community group is vaccinated.

### **Outdoor Activities**

- Unvaccinated employees and students must mask outdoors only when unvaccinated individuals are unable to adequately distance from other unvaccinated individuals.

### **Travel**

- All employees and students traveling outside Vermont must provide a negative test result within three days upon returning to campus.
- All international students returning to campus must quarantine for seven days and produce a negative test result. Coordinate directly with Favor.



**College Vans**

- Unvaccinated individuals must be masked and fully distanced from any other unvaccinated person when riding in a school van, with windows open. No more than two unvaccinated individuals may ride in a van at once.

I understand that I play a key role in maximising campus safety and minimising health risks at my workplace for myself and other Sterling community members, by agreeing to sign this pledge I am showing that I care about my health and safety and theirs.

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Employee name

Signature

Date