

Guidelines for Vendors & Visitors

In consideration of the evolving COVID-19 situation, BNI is refining its approach to managing critical outsourced supplier services.

We recognize that critical services must continue. If an in-person meeting or onsite service is critical (e.g., a vendor needs to come onsite to fix a piece of equipment or provide a service that can be done only in person), then a vendor may come to BNI with prior approval of your BNI point of contact. Please connect with your regular BNI contact before reporting on campus at Burke.

We are screening all staff and critical visitors prior to arriving at our facility. You will be asked to complete a questionnaire 24 hours prior to your arrival, which is **required**.

Any vendor/visitor feeling sick must stay home.

- Please do not enter the BNI facility if you have cold or flu-like symptoms, including fever, coughing, difficulty breathing, sore throat, body aches, chills, or extreme loss of sense of smell or taste. We must take every precaution to protect staff and labs from infection, including COVID-19.
- Per NYS Guidelines (4/10/21), if you have returned from a state outside of NY that is not considered a contiguous state or International travel, you no longer need to “test out” **unless you have been exposed to someone with Covid19**. If you have received both of your vaccinations and it has been 2 weeks (and less than 90 days) from your second vaccination you need not test out by may be required to quarantine if you have been exposed. In any case, masks must be worn AT ALL TIMES on the BNI campus and social distancing of at least 6 feet must take place.
- In addition:
- All outside vendors/visitors must bring a mask and gloves (PPE) to be worn **AT ALL TIMES** within the BNI facility. If you do not have PPE with you, you will be provided with a face mask and gloves prior to entry. The mask & gloves **must** be worn at all times, while at work/in the BNI facilities.
- Vendors/Visitors who have direct, face-to-face contact with staff (defined as being less than 6 feet apart for more than 10 minutes at a time) will be issued a face shield to wear in addition to the procedure mask. The face shield can be cleaned and reused by the contracted worker.

Questions? Please reach out to your BNI contact if you have questions about meeting remotely or any ongoing business you may have with them. We appreciate your support during this period and look forward to resuming regular interactions with you in the future.

BNI Occupational Health Vendors & Visitors COVID-19 Screening Tool

This Screening Tool is offered for informational purposes to help you check for COVID-19 symptoms as outlined by the Centers for Disease Control. The guidance you receive depends on the accuracy of the information you provide as well as current guidelines for identifying symptoms associated with COVID-19.

All BNI vendors are required to complete this survey within 24 hours before entering the premises and follow the instructions given.

This is not a substitute for professional medical advice, diagnosis, or treatment of disease or other conditions, including COVID-19. Always consult a medical professional for serious symptoms or emergencies.

First and Last Name: *

Company:

Contact at BNI:

Please indicate which, if any, symptoms you are currently experiencing or have experienced in the past 24 hours by checking the box(es) that apply: *

- Fever of 100 Degrees F or Higher/Chills/Sweats
- Cough
- Shortness of Breath/Difficulty Breathing
- Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose (different from pre-existing allergies)
- Myalgia (Body Aches)
- Headache

Loss of Sense of Taste and/or Smell

Conjunctivitis (pink eye)

Diarrhea

Nausea

Vomiting

NONE OF THE ABOVE

I have not taken any medication that can mask symptoms of infection listed above such as acetaminophen, ibuprofen, aspirin, or certain cough medications. *

True

False

I have not been diagnosed with COVID-19 within the previous 14 days. *

True

False

I have not been in contact with someone who has been diagnosed with COVID-19 within the previous 14 days. *

True

False

In the past 14 days, I have not been identified as a contact requiring self-monitoring for symptoms by Burke Neurological Institute or a public health agency as part of “contact tracing” related to someone diagnosed with COVID-19. *

True

False

I have been in the U.S. for at least the past 14 days. *

True

False

If you have traveled Internationally, you may be required to self-quarantine for 10 days or "test out" if you have not been vaccinated. Please indicate the country traveled to, or coming from and date(s) there. If you have not traveled, please type "N/A":

I have received a Covid-19 vaccination and it has been atleast 2 weeks since my second dose (or 2 weeks from my J&J dose)

True

False

Decline to Answer

I am entering the facility on essential business and will stay only as long as necessary. *

True

False

Instructions: If you have NONE of the symptoms listed above, AND you have indicated "TRUE" to ALL (except for vaccination status) of the true/false questions above: you are cleared to arrive on the premises. If however, you have ANY of the symptoms listed above, OR have indicated "FALSE" to ANY of the true/false questions above: stay home (or leave the Institute premises immediately), quarantine at home, speak to your primary care provider, and reach out to your BNI contact so we may arrange for an alternate vendor.

Vendor/Visitor Signature

Date