

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.
- **MASKS MUST BE WORN** on the BNI campus **IF** social distancing of at least 6 feet **CANNOT** take place.
- In addition:
- Visitors and Vendors **MUST BE FULLY VACCINATED** in order to enter into BNI facilities. You will be turned away if you are not fully vaccinated and may be asked to show proof of vaccination.
- All outside vendors/visitors must bring a mask (PPE) to be worn **IF social distancing cannot take place** within the BNI facility. If you do not have PPE with you, you will be provided with a face mask prior to entry. The mask **must** be worn **IF social distancing cannot take place**, 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/visitors 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: _____ Date of Visit: _____

Have you been fully-vaccinated for at least 2 weeks and can submit proof of vaccination if/when asked, either by Excelsior Pass or vaccination card?

☐ Yes

☐ No

Please indicate which, if any, symptoms you are currently experiencing or have experienced in the past 48 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

Have you tested positive through a diagnostic test for COVID-19 in the past 10 days? *

- ☐ Yes
- ☐ No

Have you been in close or approximate contact (being within six feet for at least 10 minutes over a 24-hour period) in the past 10 days with any person confirmed by diagnostic test, or suspected based on symptoms, to have COVID-19 and you are not fully vaccinated (2 weeks since second vaccination)*

- ☐ Yes
- ☐ No

Have you returned from International travel within the past 10 days. *

- ☐ Yes
- ☐ No

Please indicate the country traveled to, or coming from and date(s) there. If you have not traveled, please type "N/A":

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 been fully vaccinated, you are cleared to arrive on the premises. If however, you have ANY of the symptoms listed above, OR have NOT been fully vaccinated or have a POSITIVE Antigen test: stay home (or leave the Institute premises immediately), quarantine at home until symptoms subside, speak to your primary care provider, and reach out to your BNI contact so we may arrange for an alternate vendor or visit date.

Vendor/Visitor Signature

Date

*****For BNI Use Only*****

Contact at BNI: _____

Signature of Contact: _____ Date: _____

☐ Contact: I attest to this form being thoroughly reviewed and approved for a visit.

☐ Contact: This visitor/vendor is not fully vaccinated or is showing symptoms of illness and may not be allowed on campus at this time.