

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:

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?

True

False

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

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

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

- True
- False

I have not been in close contact (being within six feet for at least 10 minutes over a 24-hour period) or proximate contact (as determined by health authorities) in the past 10 days with any person confirmed by diagnostic test, or suspected based on symptoms, to have COVID-19? (If I have not been vaccinated)*

- True
- False

In the past 10 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 10 days. *

True

False

If you travelled Internationally, Were you required to 'test out' prior to your return to the US? If so, what were your test results?

Yes, tested Negative

Yes, Tested Positive - need to quarantine

Did not need to test to return

N/A - did not travel

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":

If you have traveled Internationally, you are required to self quarantine for at least 3 days (if vaccinated) **and submit to a viral antigen test on day 3 before returning to BNI**. If you are not vaccinated you must quarantine for 10 days. Please indicate the country traveled to, or coming from and date returned to USA. If you have not traveled, please type "N/A":

I am certifying that I have tested Negative to a viral antigen test upon return to USA before entering BNI if I have traveled Internationally.

Tested Negative - clear for work

Did not travel internationally

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