

Village of Oswego Contractor Policy for Entering and Working in Village Buildings (Effective May 2, 2020)

****All contractors shall read and comply with the following policy. ****

For the protection of the Village's workforce, visitors and contractors, the Village of Oswego is taking additional measures for all contractors conducting work on behalf of the Village of Oswego on or at Village facilities.

Face Coverings Required

In compliance with the Governor's Executive Order dated April 30, 2020, the Village is requiring that all visitors, such as contractors, wear a cloth face coverings or masks in Village facilities when the individual is interacting or may interact with others. Face coverings are intended to supplement other social distancing and hygiene measures, not replace them. Employees/Contractors must maintain six feet of separation from other people whenever possible.

Face coverings are required any time the contractor is entering and exiting a facility, in common spaces, or during in-person meetings in which it is not possible to maintain at least six feet of separation.

Contractor Symptom Assessment

The Village prohibits work by any individual who exhibits symptoms related to COVID-19, has known contact with an individual who is positive for COVID-19, or is otherwise instructed to self-quarantine by any medical professional. To that end, the Village is requiring that all contractors certify that they do not meet any of the above criteria.

COVID19 symptoms will be considered those symptoms as defined by the CDC and may be updated. The CDC identifies the following symptoms as indicative of COVID19:

1. Cough
2. Shortness of breath or difficulty breathing
3. Temperature – Using the provided no touch thermometers
4. Chills
5. Repeated shaking with chills
6. Muscle pain/unusual fatigue
7. Headache
8. Sore throat
9. New loss of taste or smell

Symptom tracking process

- A. When entering any Village facilities, all contractor will complete the attached Symptom Self-Assessment Survey sheet (Attachment A). Contractors should circle yes if they have experienced any symptoms indicative of COVID19 in the last 12 hours. Touchless thermometers are available at Village facilities for contractor use. Please clean the

thermometer before and after use. The Symptom Self-Assessment Survey sheet will be provided to the Village Representative. All forms will then be submitted to the Village's Facilities department to be held confidentially. The Village will take all reasonable measures to maintain confidentiality related to health information.

- B. Any contractor who has a consistent body temperature reading of over 100.4 degrees Fahrenheit (a consistent body temperature is (2) two temperature readings taken (1) one minute apart), or answers "Yes" to any of the other above listed questions/symptoms on the Symptom Self-Assessment Survey is required to advise their Village Representative by phone immediately.
- C. If the contractor responds affirmatively to any of the symptoms, the contractor will be required to exit the building. The contracting company will be required to contact the Village Representative that hired your company immediately, to provide the following information:
 - Did your employee have contact with any Village Staff Members?
 - Did your employee have contact with other staff members from your company, on the way to the site, or onsite?
- D. Any contractor who begins to experience any of the above symptoms during their shift, shall immediately notify their supervisor. At that time, the contractor should end his or her shift.
- E. If a contractor is required to leave a site because of COVID-19 symptoms, that contractor will be required to remain off Village of Oswego Properties, until that the employee can provide proof to their supervisor, that they are free of COVID-19 symptoms or a minimum of 14 days.
- F. Should any contractor begin experiencing symptoms of COVID19 within 14 days of conducting work for the Village, he or she is required to contact the Village.]

**Village of Oswego
Symptom Self-Assessment Survey**

Company: _____

Contractor Name: _____

Village facility: _____ Date: _____ Time: _____

Please circle Yes if you have experienced any of the following in the last 12 hours:

Cough	Yes	No
Shortness of breath/difficulty breathing	Yes	No
Temperature in excess of 100.4	Yes	No
Chills	Yes	No
Repeated shaking with chills	Yes	No
Muscle pain/unusual fatigue	Yes	No
Headache	Yes	No
Sore throat	Yes	No
New loss of taste or smell	Yes	No

Please answer the following questions by circling Yes or No

- | | | |
|--|-----|----|
| 1. I am currently experiencing symptoms similar to COVID19. | Yes | No |
| 2. I have been in contact with a COVID-positive patient in the last 14 days. | Yes | No |
| 3. I have been advised to self-quarantine in the last 14 days. | Yes | No |

Signature: _____