

Dear Valued Vendor/Visitor,

Pursuant to Governor Baker’s orders, the Commonwealth of Massachusetts is now in a phased re-opening process as a result of the novel coronavirus (COVID-19).

The health, safety, and well-being of our UMass Medical School (UMMS) employees, students, customers, and vendors is a daily focus, as we maintain a safe and gradual return to research and academic programs.

We are continuously updating our best practices and adopting new guidance from appropriate governmental and health agencies and officials, including, for example, implementing a universal mask policy, social distancing, self-health-monitoring, and visitor restrictions. We expect that you are taking all appropriate measures as well.

To be clear, we are relying on our vendors and visitors to do everything possible to mitigate the spread of the coronavirus while helping to ensure the continued supply of essential goods and services to the campus.

The UMMS Main Campus uses the SV3 vendor and visitor management system to invite and sponsor guests to the campus. At the time a visit is scheduled, you will receive an invitation to the campus via e-mail. Several hours before the appointed time, you will receive another e-mail requesting that you complete a daily self-reported health questionnaire. After successfully processing this questionnaire, a confirmatory email will be sent. All vendors, including those with badges, are expected to enter through an SV3 kiosk, located in the Medical School Lobby and at the loading docks at the Medical School and Lazare Research Building. If you cannot access the SV3 system, the attached paper form may be used for the daily self-reporting health questionnaire. This form must be filled out, signed and then a scanned copy or a photograph of the form should be sent to the campus Point of Contact by e-mail. The form is available on our UMMS web page: <https://umassmed.edu/parking/visitor-management>

UMMS is expecting you, your firm, and your employees, agents and contractors, as well as visitors (noted as ‘vendor’ or ‘visitor’) to adhere to the following safety protocols, as well as all federal, state and local rules, guidance and regulations when you access our facilities:

1. Universal surgical mask policy: everyone must wear a surgical mask while on the UMMS campus (indoors and outdoors), and you are asked to provide surgical masks to your employees. Cloth masks are not an acceptable alternative.
2. Frequent hand washing/sanitizing.
3. Maintain at least six feet of distance between yourself and others.
4. You are required to self-monitor and report that you do not have any symptoms up to 72 hours prior to reporting to campus. **Any individual who is not feeling well or has any symptoms of COVID-19 should not come to any UMMS facility.** **If symptoms develop while at UMMS, you should leave the facility.**
5. You will be screened for COVID symptoms on campus entry. Inform the UMMS point of contact as well as the UMMS Infection Control Officer (email: [sharone.green@umassmed.edu](mailto:sharone.green@umassmed.edu)) immediately if you entered the school premises while displaying symptoms (or up to 72 hours prior to falling ill) and are then diagnosed with COVID. Symptoms of COVID-19 include:

* Cough
* Shortness of breath or difficulty breathing
* Fever or chills
* Fatigue
* Muscle or body aches
* Headache
* Sore throat
* Congestion or runny nose
* New loss of taste or smell
* Loss of appetite
* Gastrointestinal symptoms such as nausea, vomiting, or diarrhea

1. If you have had close contact (within six feet for 15 minutes or more) with someone who is confirmed to have COVID-19 in the previous 14 days or who has no symptoms but tested positive for COVID-19, you should not come to any UMMS facility without approval from UMMS Infection Control (infection.control@umassmed.edu)
2. Per the [UMMS Travel Policy](https://www.umassmed.edu/coronavirus/travel-guidance/), all employees, students and vendors/visitors who return from any international or domestic travel or who have traveled by air within the prior 14 days, with the exception of travel to ‘lower risk’ states listed in the [UMMS Travel Policy](https://www.umassmed.edu/coronavirus/travel-guidance/),

are subject to quarantine for 14 days upon return to Massachusetts and **will not be permitted entrance into any UMMS facility during that time**. At present, commuters from Rhode Island will be permitted entry, but overnight travelers to Rhode Island in the last 14 days may not enter any UMMS facility (see [Massachusetts Travel Orders](https://www.mass.gov/guidance/guidance-for-travelers-arriving-in-the-commonwealth-of-massachusetts) for details). A negative COVID-19 PCR test will not be accepted as a waiver of the quarantine requirement. For critical infrastructure vendor visits that would otherwise be prevented by the quarantine requirement, the sponsoring department may request a waiver from the [Office of the Provost](mailto:kristen.maki@umassmed.edu). **You may not unilaterally make the determination for critical infrastructure work and may not enter the campus without prior authorization from the Office of the Provost**. This policy is subject to change and you should check our web site prior to visiting campus to ensure compliance:<https://www.umassmed.edu/coronavirus/travel-guidance/>. As of August 1, 2020, if you have traveled outside of the Commonwealth, you will be required to register your travel:<https://www.mass.gov/info-details/covid-19-travel-order>

1. For vendors only: Provide your UMMS point of contact or vendor manager with your company’s COVID-19 Safety Plan, which should include steps your company is taking in response to the pandemic and to mitigate the risk of spreading coronavirus. These plans should include, but are not limited to: (a) the method by which employees are screened for illness on a daily basis; (b) whether ill employees are routinely tested for COVID-19; (c) how ill employees are determined to be able to safely return to work; (d) protocols for contact tracing of your employees who are ill with or who have tested positive for COVID-19. These protocols should describe plans for timely reporting to UMMS with a report of those UMMS employees who may have been exposed to your employee as well as those locations at UMMS which were visited by the employee in the 72 hours prior to symptom onset and until the employee’s last day of work at UMMS.
2. For visitors and vendors: If you test positive for COVID-19 during your visit to UMMS, or up to 72 hours after your last day at UMMS, please contact the Infection Control Officer immediately at [sharone.green@umassmed.edu](mailto:sharone.green@umassmed.edu)
3. We request that you sign this letter and return it to your UMMS campus point of contact or vendor manager as agreement of these terms. If UMMS determines that you have not followed these safety guidelines, you may not be allowed to return to campus.

If you require access to UMMS facilities for more than one day, you must obtain a UMMS contractor badge. This requires your UMMS sponsor to notify the [Parking and Access Control Office](https://umassmed.edu/parking/visitor-management/) and for each employee to visit the office for a photo ID. These photo IDs will allow access to campus buildings and specific areas per the request of the sponsor. If you are on site for less than one day, you must be sponsored and escorted at all times by a UMMS staff member.

We sincerely appreciate your continued support and we wish you and everyone around you health and safety during these challenging times.

Name of UMMS Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMMS Point of Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attestation for Vendors:

I certify that I have read and understand the above and agree that our company and on-site Employees / Agents / Contractors will abide by the requirements and conditions as listed above.

Vendor/Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attestation for Visitors:

I certify that I have read and understand the above and agree that I will abide by the requirements and conditions as listed above.

Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(REVISED September 15, 2020)