



Contractor/Vendor COVID-19 Safety Requirements

The purpose of this communication is to update our contractors and vendors regarding the health and safety measures we've implemented in response to the COVID-19 pandemic. To protect the health and wellbeing of our staff and members, CareOregon, Columbia Pacific CCO, Jackson Care Connect, and Housecall Providers have adopted a COVID-19 vaccine requirement for our workforce, contractors, and vendors.

As of October 18, 2021, all contractors and vendors will be responsible for ensuring that their workers providing goods or services onsite in our facilities or on our behalf in the community are fully vaccinated against COVID-19 before entering any facility. Contractors and vendors are responsible for verifying that their workers who enter facilities are fully vaccinated against COVID-19. Contractors and vendors providing goods or services onsite must complete the attached Contractor/Vendor COVID-19 Safety Compliance Form by November 15, 2021

Additionally, we will continue to require all individuals entering our facilities to complete a COVID-19 Daily Symptom Screening prior to entry. The screening can be completed online using the "Guest/Visitor" survey option at <https://workmatters.workcare.com> via a computer or mobile device. The screening should be completed once each day before arriving at the facility. Those who do not complete the screening in advance should take the screening upon arrival. While in our facilities or performing work on our behalf, contractors and vendors will be required to follow health and safety rules, including regulations, public health guidance, and signage or instructions provided by our staff or representatives.

To aid in communication in the event of a health or safety concern related to COVID-19, we are asking our contractors and vendors to designate a point of contact who can be available to respond to health and safety matters. Please complete the contact information in the attached Contractor/Vendor COVID-19 Safety Compliance Form by November 15, 2021. In the event that a worker who has entered our facilities subsequently tests positive for COVID-19 and there is a potential exposure risk for our staff or members, we request that you notify us by contacting Jill Robbins at robbinsj@careoregon.org

We appreciate your continued partnership and assistance as we do our part to bring an end to this pandemic. If you have any questions regarding our COVID-19 safety measures, please contact Joe Partridge at partridgej@careoregon.org

Contractor/Vendor COVID-19 Safety Compliance Form

CareOregon, Columbia Pacific CCO, Jackson Care Connect, and Housecall Providers require all contractors and vendors to ensure that their workers are fully vaccinated against COVID-19 before entering our facilities or performing work on our behalf in the community. The purpose of this form is to document compliance with the COVID-19 vaccination requirement.

If you fail to submit this signed document, you, your employees, and your subcontractors may be denied access to facilities. By completing this form, you agree to maintain documentation of vaccination and provide this documentation upon request. Failure to provide complete and accurate information on this form could result in contract termination.

For purposes of this form, “fully vaccinated” means having received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose COVID-19 vaccine and at least 14 days have passed since the individual’s final dose of COVID-19 vaccine.

By checking the box below, you affirm that the following statement is true:

- I have documentation confirming all workers from my business who work onsite or in the community on behalf of CareOregon, Columbia Pacific CCO, Jackson Care Connect, or Housecall Providers are fully vaccinated against COVID-19.

To aid in communication in the event of a health or safety concern related to COVID-19, please designate a point of contact who can be available to respond to health and safety matters:

Health and Safety Contact name and title: _____

Health and Safety email and phone number: _____

By signing below, you certify that the information provided on this form is complete, accurate, and not misleading.

Business Name: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

For questions about this form, contact Joe Partridge at partridgej@careoregon.org