

## ORBA COVID-19

### CODE OF CONDUCT PROTOCOLS and HEALTH DECLARATION

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*ORBA requires your cooperation in following the COVID-19 protocols that have been established to protect members, employees and our community in general. These protocols are based on recommendations and guidance from the Federal and Provincial Health authorities.*

When coming to the ORBA Head Office as an employee, or as a visiting ORBA member, volunteer, government official, member of the industry, or, as a service provider, I will at all times maintain the **ORBA Code of Conduct Protocols**.

- Access to ORBA offices is only available to those who, at main registration, complete and sign a **Code of Conduct Protocols & Health Declaration** and as part of same, have agreed to having their temperature taken.
- I will not, under any circumstances, come to the ORBA offices if I or anyone with whom I have had close contact:
  - a) **Have had any symptoms of COVID-19 in the last 14 days** (please refer to the provincial guide for guidance <https://covid-19.ontario.ca/self-assessment/>),
  - b) **Have tested positive for COVID-19 at one point** and have not had two negative tests, or
  - c) **Travelled outside of Canada** in the last 14 days, and I understand that I may be asked to confirm this before being permitted access Head Office and will answer any questions asked by Staff in ORBA's efforts to protect our members and staff.
- When at Head Office, I agree to abide by all government mandated physical distancing measures such as maintaining a distance of 2 metre from others. I understand that physical distancing is a very important tool to keep everyone safe.
- I agree that in certain common areas of the of Head Office such as corridors or general areas, it is essential that we maintain distancing requirements.
- If meeting in groups where 2-meter distancing cannot be maintained then I understand that it is mandatory that I wear an approved mask.
- I agree to sanitation measures and using wipes provided to wipe down shared areas I have touched.
- To protect others, I will carry a face mask with me (can be provided by ORBA) and if near someone, will ensure my face mask is worn over mouth and nose.
- Approved guests or service providers will be shown these rules by you and must fully comply with them.
- I will watch for and follow the ORBA protocols, signage and government directives as the situation evolves.

#### **Commitment**

These are not normal circumstances. Everyone is asked to be flexible and polite and to compromise when necessary. Everyone entering these premises shall comply with these directives. ORBA reserves the right to insist that these directives be followed and if not followed the individual(s) will be asked to leave the property.

## ORBA CODE OF CONDUCT and HEALTH DELCARATION

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### Health Status Declaration

Have you or any person with whom you have had close contact (including any member of your household) experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Check one below.

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you or any person with whom you have had close contact (including any member of your household) received a positive test for COVID-19 and not had two separate negative tests? Check one below.

Yes \_\_\_\_\_

No \_\_\_\_\_

### Travel Declaration

Have you or any person with whom you have had close contact returned to Ontario from any other country or province within the last 14 days? Check one below.

Yes \_\_\_\_\_

No \_\_\_\_\_

**Temperature Taken:** \_\_\_\_\_ **Enter degrees Celsius:** \_\_\_\_\_ (Normal Range 36 -37 Celsius)

*Note: If my temperature reading is above the normal range, I may be asked to leave the premises.*

### Protocol & Code of Conduct

I have read and understand the "ORBA COVID-19 PROTOCOL & CODE OF CONDUCT" as communicated by the ORBA staff and accept and waive any right to ORBA privileges should I not comply with these policies. Check below.

**I Agree:** \_\_\_\_\_ **I Disagree:** \_\_\_\_\_ (*Must leave premises*)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Employee:** \_\_\_\_\_ **Member:** \_\_\_\_\_ **Visitor:** \_\_\_\_\_ **Service Provider:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_