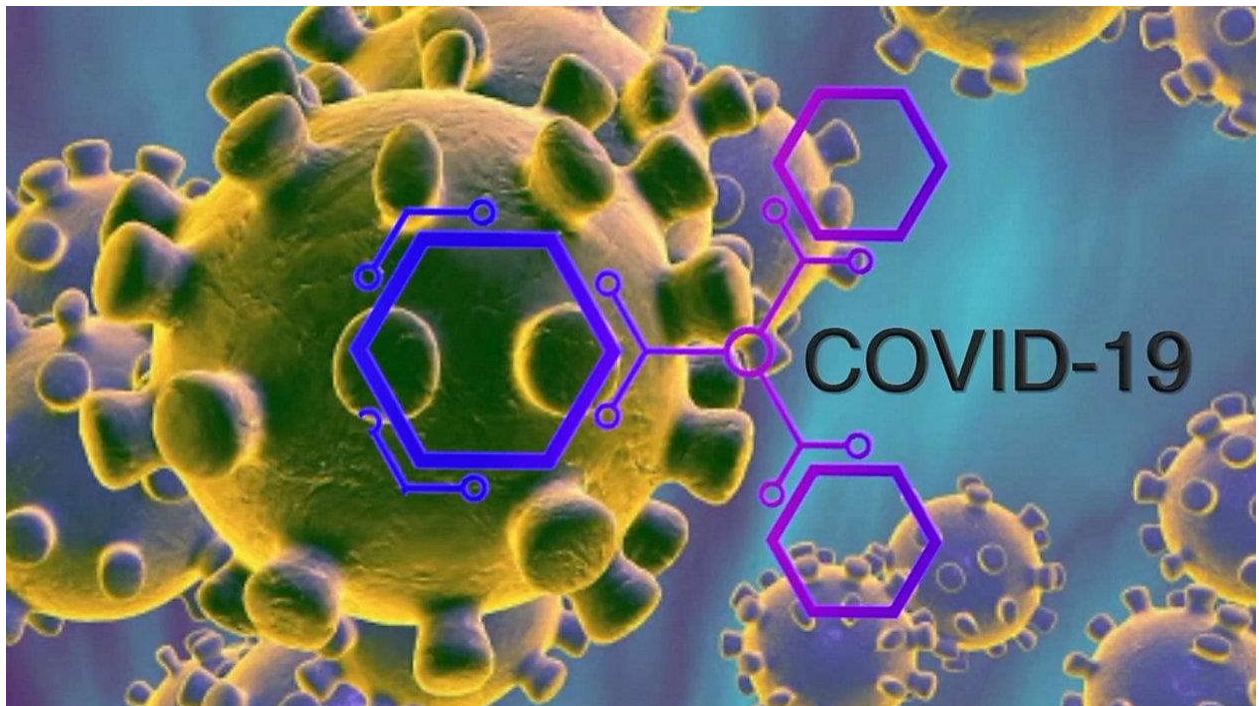




**CITY MANAGER  
EXECUTIVE ORDER 2020-28  
EMPLOYEE COVID-19 RAPID TESTING**



November 30, 2020

A handwritten signature in blue ink, appearing to read 'Tim Gleason', is positioned above a horizontal line.

Tim Gleason, City Manager

## § 28.1 INTRODUCTION

On May 5, 2020, the Governor released his Restore Illinois Plan and the City went into Phase 4 of this Plan on June 26. On November 11, 2020, all regions of the State of Illinois entered Tier 3 Resurgence Mitigations due to, among other reasons, increases in the positivity rate and community spread of COVID-19. To help ensure continuity of the workforce, this Executive Order sets forth the procedures and process for the administration of rapid COVID-19 tests to the City workforce.

## § 28.2 AUTHORITY

This City Manager Executive Order is issued in accordance with the Bloomington City Code, Chapter 2, Section 41, the City of Bloomington Emergency Action Plan, and City Ordinance 2020-18.

## § 28.3 ADMINISTRATION OF RAPID TESTING

The City will be incorporating Rapid Testing for SARS-CoV-2 (i.e., COVID-19) infection for its workforce. Individual testing will be determined on a case-by-case basis following consultation with HR. Testing is completely voluntary and will be offered free of charge at a Bloomington Fire Department station. The test will be administered by a trained paramedic with Bloomington Fire Department. This testing is being offered through a collaboration with McLean County Health Department, McLean County EMS and the City. The name of the test is BinaxNOW COVID-19 Antigen Tests, is manufactured by Abbott Laboratories. Follow-up confirmatory tests may be required. Testing availability will be determined centrally by Human Resources in coordination with Bloomington Fire Department and City Manager, and is dependent upon resource availability.

## § 28.4 CONSENT FORM REQUIRED

Each employee who is administered a rapid test set forth in Section 28.3 will be required to first sign a Consent Form (attached as Exhibit A).



### HEALTH OFFICIAL RECOMMENDATIONS

1. Practice social distancing;
2. Washing your hands often;
3. Avoid touching your eyes, nose and/or mouth with unwashed hands;
4. Avoid contact with sick people;
5. Stay home if you are sick;
6. Cover your mouth/nose with a tissue or sleeve when coughing or sneezing; and
7. Clean and disinfect frequently touched objects and surfaces.

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For more information on COVID-19 and related health information, please visit the following websites:

[www.cdc.gov](http://www.cdc.gov)

[dph.illinois.gov](http://dph.illinois.gov)

[health.mcleancountyil.gov](http://health.mcleancountyil.gov)

**EXHIBIT A**  
**RAPID TESTING CONSENT FORM**

I provide voluntary consent to receive medical evaluation and diagnostic testing administered by the Bloomington Fire Department, in partnership with Abbott Laboratories. I understand that this test is strictly voluntary, and I have the ability to test at other testing sites or facilities. I understand a margin of error exists with this test and agree to hold the City of Bloomington harmless for any test failures.

I understand I must register for COVID19 nasal swab testing with Abbott Laboratories, which will require the disclosure of personal information necessary for the City to provide the services and report the results to me. I understand that limited information may be released by the City of Bloomington, only if necessary, to apply for grant money for reimbursement of staff time. By receiving these services, I agree to provide complete and accurate information.

- Full Name
- Date of Birth
- Email address
- Phone number
- Home Address

Upon presenting for testing, I understand I will be required to show the personal QR code provided from my registration, as it displays my name and birthdate on the Abbott Laboratory administrator app. I understand I will be required to verify my identity by presenting one of the following forms of identification: Driver's License, State ID, US Military ID or Passport.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date