

# Example COVID-19 prioritization questions for non-healthcare worksite assessments by state, tribal, local, and territorial health departments

**Instructions to health department:** You can use this questionnaire to help prioritize worksite assessments. Collect information from sources at the workplace such as one or more employees at the company, human resources staff, occupational health staff, or a safety professional. You can consider removing or adding questions depending on the local situation. Prior to using the questionnaire, determine priority categories for final scoring (e.g., low, medium, high) based on your current circumstances and resources.

If there are multiple worksites operated by the employer, it may be appropriate to complete the questionnaire separately for each worksite with confirmed or probable cases. If an employer reports no cases at the worksite, it is still recommended to ask remaining relevant questions if other data sources indicate cases at the worksite are likely (e.g., worker complaints). After the interview is completed, use the scoring guide at the end of the questionnaire to tally the number of qualifying considerations to prioritize for worksite follow up.

**Name of company/facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address of company/facility:** \_\_\_\_\_

**Facility contact:** \_\_\_\_\_

<b>1.</b> Are you aware of any workers* <a href="#">confirmed to have COVID-19</a> at your worksite in the past two weeks? *Workers include employees, contractors, and temporary staff who work at the worksite.	<b>Yes</b>	<b>No</b>	
<i>If no, skip to question #1e.</i>			
<b>a.</b> How many total workers have tested positive for SARS-CoV-2, the virus that causes COVID-19, in the past two weeks at your worksite?	_____		
<b>b.</b> Were any workers diagnosed with COVID-19 present at the worksite during the 48 hours before their symptoms began, or, if the worker did not show symptoms, during the 48 hours before their first positive test (based on specimen collection date)?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
<b>c.</b> Were any workers diagnosed with COVID-19 present at the worksite after symptoms began or after a positive test result?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
<b>d.</b> How many workers were potentially exposed as a result of <a href="#">close contact</a> with a worker with COVID-19?	_____	or	<b>Unsure</b>
<b>e.</b> How many total workers (employees, contractors, and temporary staff) are at your worksite?	_____		
<b>2.</b> Is the worksite:			
<b>a.</b> A school, daycare, youth program, or other provider of services to children?	<b>Yes</b>	<b>No</b>	
<b>b.</b> A shared housing facility (e.g., adult living center)?	<b>Yes</b>	<b>No</b>	
<b>c.</b> A detention or correctional facility?	<b>Yes</b>	<b>No</b>	
<b>3.</b> What is the primary function, or industry, of the worksite?	_____		



- |      |   |               |           |               |
|------|---|---------------|-----------|---------------|
| 4.   | Is your worksite in a county currently experiencing <a href="#">substantial or high transmission of the virus that causes COVID-19?</a>   | <b>Yes</b>    | <b>No</b> |               |
| 5.   | Do your workers have multiple in-person interactions with the public daily?   | <b>Yes</b>    | <b>No</b> |               |
| 6.   | Does a substantial portion (such as one-third or more) of your workforce prefer to communicate in a language other than English or have low-literacy levels that may present a barrier to accessing information about worksite procedures and policies for preventing the spread of the virus that causes COVID-19? | <b>Yes</b>    | <b>No</b> | <b>Unsure</b> |
| a.   | How many languages other than English are spoken by workers? _____ or   | <b>Unsure</b> | or        | <b>N/A</b>    |
| 7.   | Is a substantial portion (such as one-third or more) of your workforce, customers, or clients at <a href="#">higher risk for severe illness from COVID-19</a> due to...   |               |           |               |
| a.   | Age greater than 65 years, underlying medical conditions such as chronic heart, lung, kidney or liver disease?  | <b>Yes</b>    | <b>No</b> | <b>Unsure</b> |
| b.   | Being unvaccinated?   | <b>Yes</b>    | <b>No</b> | <b>Unsure</b> |
| c.   | Belonging to racial and ethnic minority groups disproportionately affected by COVID-19 because of discrimination, socioeconomic status, barriers to accessing healthcare, or increased exposure to the virus because of their work?   | <b>Yes</b>    | <b>No</b> | <b>Unsure</b> |
| 8.   | Do you provide group or shared housing for workers (camps, dormitories, apartments)?  | <b>Yes</b>    | <b>No</b> |               |
| 9.   | Do you provide group or shared transportation for workers?  | <b>Yes</b>    | <b>No</b> |               |
| 10.  | Have you adopted a vaccination policy that requires workers to be vaccinated, or if unvaccinated to undergo at least weekly COVID-19 (SARS-CoV-2) testing in addition to mask wearing and physical distancing?  | <b>Yes</b>    | <b>No</b> |               |
| 11.  | Have you implemented measures to prevent the spread of the virus that causes COVID-19 consistent with <a href="#">Occupational Safety and Health Administration (OSHA)</a> and public health guidance for the <a href="#">level of transmission in your area</a> , such as:   |               |           |               |
| a.   | Improving <a href="#">ventilation</a>   | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| b.   | Maintaining at least six feet of distance between other workers and customers/clients /visitors(if applicable) the majority of the time (including during breaks)?  | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| c.   | Installing physical barriers between workstations or between workers and customers/clients/visitors?  | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| d.   | Ensuring workers consistently and properly wear masks or cloth face coverings at the worksite?  | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| e.   | Providing workers with soap and water for frequent handwashing and 60% alcohol-based hand sanitizer when there is no water available?   | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| f.   | Ensuring worksite policies encourage vaccination and testing, and workers with illness or who are following quarantine recommendations to stay home from work, such as:   |               |           |               |
| i.   | Do you offer paid sick leave, either as a standing policy, or as a special contingency due to the COVID-19 pandemic?  | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| ii.  | Have you discontinued any bonus programs based on attendance?   | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| iii. | Do you offer flexible, nonpunitive leave (e.g., paid sick leave) for workers to get COVID-19 vaccination, and for workers who experience side effects after vaccination?  | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |
| iv.  | Do you offer <a href="#">testing options</a> for exposed workers when needed?   | <b>Yes</b>    | <b>No</b> | <b>N/A</b>    |

## Scoring: For Health Department Use Only

Criteria	Score
<p>Based on employer response or other information, does the number of confirmed positive cases (Q1) meet the minimum threshold for assessment as determined by your health department?</p> <p><i>If yes, place a 1 in the box to the right.</i></p>	_____
<p>What is the rate or proportion of confirmed cases at the worksite? _____</p> <p><i>Use responses to Q1a, e to estimate a rate or proportion.</i></p> <p>During the same period, what is the rate or proportion of confirmed cases for the local community where the worksite is located? _____</p> <p>Is the rate or proportion of cases at the worksite greater than the rate or proportion of cases in the local community?</p> <p><i>If yes, place a 1 in the box to the right.</i></p>	_____
<p><i>If yes or unsure to either Q1b or Q1c, or both, place a 1 in the score box to the right.</i></p>	_____
<p><i>If the response to Q1d <math>\geq</math> 5 workers, place a 1 in the box to the right.</i></p>	_____
<p><i>If yes to any option of Q2</i></p>	<b><i>This site is an automatic priority</i></b>
<p>Based on Q3, is the worksite part of a critical infrastructure industry (as defined by the state/local jurisdiction)?</p> <p><i>If yes, place a 1 in the box to the right.</i></p>	_____
<p><i>Count the number of "Yes" responses for Q4–9 and place the total in the box to the right.</i></p>	_____
<p><i>If Q6a is 3 or more, place a 1 in the box to the right.</i></p>	_____
<p><i>Count the number of "No" responses for Q10–11 and place the total in the box to the right.</i></p>	_____
<p><b>Total:</b></p> <p><i>Add the values in the scoring column to the right.</i></p>	_____
<p><b>Priority Level:</b></p> <p><i>Use your health department's scoring guidance to assign a priority level to this worksite.</i></p>	

Health department official completing assessment:

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