

Infection Prevention and Control Assessment Tool for Manufacturing Facilities During the COVID-19 Pandemic

Section 1. Facility and workforce characteristics

Facility Name	
Date(s) of phone assessment	
Assessor(s)	
Date(s) of onsite inspection scheduled	
Facility Contact	
Contact Phone	
Contact E-mail	
Number of employees/contractors	
Number and types of shifts	
Shift start, shift end, and break times	
Names of departments in facility	
Number of languages spoken by workforce	
Primary languages spoken by workforce	
Employer-provided transportation to work	<input type="checkbox"/> Yes, entire workforce <input type="checkbox"/> Yes, some of the workforce <input type="checkbox"/> No What are other ways employees get to work?

Section 2. Facility Policies and Procedures

COVID-19 Workplace Health and Safety Plan		
Elements to be assessed	Assessed	Notes/ Areas for improvement
Workplace COVID-19 coordinators identified (names)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Plans have been developed to continue essential functions with a reduced workforce	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mechanism for monitoring and tracking absenteeism and duration of exclusion from work for ill employees in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee line list (E-mail)?
Cleaning & Disinfection procedures for COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leave policies are flexible, non-punitive	<input type="checkbox"/> Yes <input type="checkbox"/> No	What are leave policies? Are they encouraging ill employees to stay home?
Collaboration with local and/or state public health authorities and other stakeholders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre-shift employee and visitor health screening has been considered or implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Policy for managing workers with potential exposure to COVID-19 in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	What are the policies?
Policy for managing ill workers with COVID-19 in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee symptom log (E-mail)? What are return-to-work criteria for workers with COVID-19?

Infection prevention and control policies and practices

Engineering controls

Elements to be assessed	Assessed	Notes/ Areas for improvement
Workstations, production lines, and other work areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is there ability to maintain social distancing ≥ 6 feet? Does this vary by department?</p> <p>Can workstation alignment be modified to increase worker separation (≥ 6 feet) and ideally workers are not facing each other?</p> <p>If not, can barriers (e.g. stainless steel, Lexan, plastic strip curtains) be used to separate workers? How will barriers be sanitized?</p>
Other areas where workers may congregate, such as Health screening area Entrances/exits Clock-in areas Uniform and equipment pickup area Tool sharpening area Hallways Break areas Locker rooms Smoking areas Parking lots	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is there ability to maintain social distancing in these areas?</p> <p>Can barriers or dividers be used to physically separate workers?</p> <p>Can the number of tables in lunch or break areas be decreased and/or other building space or tents be used for overflow?</p> <p>Can the number of workers in a space at a time be limited?</p>
Visual cues to maintain social distancing (Signage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What methods are used?
Handwashing and hand sanitizer stations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are handwashing stations and/or hand sanitizers (ideally touchless) placed in multiple locations? Where are they located (e.g. all entrances, common areas)?</p> <p>Is there ability to maintain social distancing?</p>
Ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eliminate personal cooling fans. If present, ensure fans do not blow air from one worker directly towards another worker.

Cleaning/disinfection/sanitation		
Elements to be assessed	Assessed	Notes/Areas for improvement
Non-food production areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What are disinfection agents used?</p> <p>Are they consistent with EPA recommendations?</p> <p>What is the frequency of cleaning/disinfection?</p>
Targeted and more frequent cleaning of high-touch surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What surfaces are receiving additional cleaning/disinfection?</p> <p>What is the schedule for this cleaning?</p>
Enhanced cleaning and disinfection after persons with suspected or confirmed COVID-19 have been in the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What policies and procedures are in place?</p>

Administrative controls		
Elements to be assessed	Assessed	Notes/Areas for improvement
Pre-shift employee health screening (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is screening completed outside the plant entrance?</p> <p>Who performs the screening?</p> <p>Does screening include every person prior to building entry (including visitors and employees who arrive early or late or through other entrances)?</p> <p>What information is assessed (e.g. temperature, symptoms, contact with symptomatic persons)?</p> <p>Is secondary screening done for those with fever or reported symptoms? If so, what does it include?</p> <p>Is social distancing being maintained during the process?</p> <p>How are employees who screen positive managed?</p>
Training and communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What is the mode of delivery (e.g., online, written materials, beginning of shift updates)?</p> <p>What are topics covered?</p> <p>What languages are used? Who are the interpreters?</p> <p>Is there any signage? If so, where is it placed? What topics are covered?</p>

Personal protective equipment (PPE) and source control		
Elements to be assessed	Assessed	Notes/Areas for improvement
<p>Are PPE/face coverings/face shields are being provided by the facility</p> <ul style="list-style-type: none"> • Eye protection • Gloves, type: • Respirator, type: • Other facial covering: • Gown/coveralls • Other, type: 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>What types of PPE are provided?</p> <p>Is training Provided?</p> <p>Is there a designated area to apply/remove PPE?</p> <p>Are you monitoring the proper use of PPE?</p> <p>Are there challenges in sourcing PPE?</p>