Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response (WICAR) tool — Coronavirus disease 2019 (COVID-19)

This tool is intended to assist health departments, employers, and occupational safety and health professionals with assessment of infection prevention and control programs and practices in non-healthcare workplaces in order to make recommendations regarding COVID-19. Information to complete an assessment can be gathered through review of written policies and procedures, discussion with workplace management and worker representatives, and direct observation if a site evaluation is planned. This tool is not intended to assess regulatory compliance. If feasible, direct observation of infection prevention and control practices is encouraged. This tool should be used by qualified public health or health and safety professionals familiar with the topics and content of the tool (assisted as needed by CDC/NIOSH project officer(s) and state or local public health entities).

This tool can serve as a template for assessing a workplace; elements and response options can be removed or added depending on the local situation, assessment goals, and workplace characteristics.

Overview

Section 1: Facility and workforce characteristics
Section 2: Facility policies and procedures
Section 3: Infection prevention and control policies and practices
Section 4: Guidelines and other resources
Section 5: Direct observation of facility practices

Section 1: Facility and Workforce Characteristics

Assessment Details

Date(s) of assessment: **Type of assessment:**   Off-site   On-site   Other (specify):

Facility information

Facility name:

Type of industry (e.g., elementary school, clothing manufacturing, restaurant, grocery store)

Type of site/facility (any additional descriptive information, e.g., Industry = clothing manufacturing, oil and gas; Type = shoe production, neurology wing, gas pipeline)

Name(s) of employers and contracting companies who have workers on-site

Total number of employees who work at this site: **Total number of contractors who work at this site:**

Number of production workers (if applicable)**:**   **Number of production contractors** (if applicable)**:**

Number of office employees (if applicable)**:**   **Number of office contractors** (if applicable)**:**

Number and types of shifts:

Shift start, shift end, and break times:

Number of breaks and length of breaks:

Names of departments or work areas in facility:

Workforce diversity

Primary languages spoken by workforce: **English**   **% of workforce that speak/understand and read:**

Spanish   **% of workforce that speak/understand and read:**

Describe others *(record percentage of workers that speak each language)***:**

Any other cultural factors that should be considered in prevention recommendations [Optional]**:**

Employer-sponsored transportation

Employer-sponsored transportation to or during work?   Yes, entire workforce   Yes, some of the workforce   No

If yes, what types of transportation?((e.g., ride-share vans or shuttle vehicles, car-pools, and public transportation)?   or   N/A

Are workers able to maintain social distancing during transportation to work?   Yes   No   N/A
Are workers required to wear cloth face coverings during employer-sponsored transportation?   Yes   No   N/A
Are workers encouraged to wear cloth face coverings during employer-sponsored transportation?   Yes   No   N/A
Additional comments/observations:

Group transportation to work that is not sponsored by employer

Group transportation to work that is not sponsored by employer   Yes, entire workforce   Yes, some of the workforce   No

If yes, what types of transportation? (e.g., private vehicle, ride-share vehicles, taxis, car-pools, public transportation)

Additional comments/observations:

Employer-sponsored housing

Employer-sponsored housing for workers?   Yes, entire workforce   Yes, some of the workforce   No

Do employees live together in group housing that is <u>not</u> employer-sponsored?   Yes   No   Unknown

Additional comments/observations:

Other workforce characteristics that might be relevant to infectious disease transmission

Do workers work in other facilities of the same company?   Yes   No   Unknown

If so, which facilities?

Do any workers come to the facility from work release programs?   Yes   No   Unknown

Job share or work exchange programs?   Yes   No   Unknown

Additional comments/observations:

Union information

Union representation   Yes, entire workforce   Yes, some of the workforce   No

Name of union(s) and point(s) of contact for each:

Federal, State, Local agency information

Name and contact information of important regulatory agency official(s) for industry [if any, e.g., OSHA, USDA]

Is there any OSHA activity at the facility?   Yes   No

Additional local and/or state public health authorities and other stakeholder contact information:

Section 2. Facility policies and procedures

COVID-19 Workplace Health and Safety Plan

Elements to be assessed	Assessment	Notes/Areas for improvement
Workplace COVID-19 coordinators identified	Yes No	
Who are the coordinators? (include their contact information and their backgrounds)	N/A	
Plans have been developed to continue essential functions with higher than usual absenteeism *If yes, what are those plans?*	Yes No	
Mechanism for monitoring and tracking absenteeism *If yes, please describe.*	Yes No	
Mechanism for tracking when employees can return to work *If yes, please describe.*	Yes No	
Standard operating procedures for cleaning and disinfection have been modified as necessary for COVID-19	Yes No	*See Section 2, Cleaning and disinfection for more information*
Leave policies are flexible, non-punitive, and encourage ill employees and employees who have been in close contact with confirmed or suspected COVID-19 cases to stay home	Yes No	
What is the policy?	N/A	
How would taking leave affect income?	N/A	
Has the policy been consistently communicated to employees?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Coordination with occupational safety, health, or medical professionals	Yes No	
Does the facility have an on-site occupational safety and health services? *If yes, what resources do they offer?*	Yes No	
If no on-site services are provided, does the facility refer to or have a contract with off-site occupational safety and health services?	Yes No	
What role, if any, are these services playing in health screening, referral for further evaluation, testing, and other policies?	N/A	
Collaboration with local and/or state public health authorities and other stakeholders	Yes No	
Consulted with local and/or state public health authorities?	Yes No	
Name and contact information for local and/or state contacts?	N/A	
Pre-shift employee health screening has been considered or implemented	Yes, considered Yes, implemented No	*See Section 2, Administrative controls for more information*
Does screening include	N/A	N/A
Verbal questions about symptoms?	Yes, verbal Yes, written Yes, both No	
Written questions about symptoms?	Yes, verbal Yes, written Yes, both No	
Measurement of body temperature?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Visitor (includes delivery workers) / customer/client health screening has been considered or implemented	Yes, considered Yes, implemented No	*See Section 2, Administrative controls for more information*
Does screening include	N/A	N/A
Verbal questions about symptoms?	Yes, considered Yes, implemented No	
Written questions about symptoms?	Yes, considered Yes, implemented No	
Measurement of body temperature?	Yes No	
Policies in place for managing workers with potential exposure to COVID-19	Yes No	
What are the policies (please describe)?	N/A	
• Self-quarantine	N/A	
• Criteria for returning to work	N/A	
• Other	N/A	
Policies for managing employees with symptoms	Yes No	
What are the procedures for an employee to report symptoms before or at work?	N/A	
Policies for managing workers with confirmed or suspected COVID-19 or COVID-19 positive test result	Yes No	
What are return-to-work criteria for workers with COVID-19 (e.g., symptom-based, time-based, or test-based)? See guidance for discontinuation of isolation for persons with COVID-19 not in healthcare settings for description of these criteria.	N/A	

Section 3. Infection prevention and control policies and practices

Engineering controls

Elements to be assessed	Assessment	Notes/Areas for improvement
Workstations, production lines or areas, and other work areas (*Examples include cash register, food prep area, sales floor, warehouse, shipping and receiving, mailroom, and reception.*):	Yes No	
Is there ability to maintain social distancing ≥6 feet?	Yes No	
Does this vary by department or work area?	Yes No	
Can workstation alignment allow for worker/visitor/customer/client separation (≥6 feet)	Yes No	
Are workers/visitors/customers/clients facing each other?	Yes No	
Are physical barriers, such as partitions (e.g., stainless steel, plexiglass, plastic strip curtains) in use to separate workers/visitor/customers/clients?	Yes No	
Are barriers being disinfected? If yes, how? (see cleaning and disinfection for more detail)	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Other areas where workers/visitors/customers/ clients may congregate. *(Examples include health screening area, entrances and exits, clock-in/out areas, uniform and equipment pickup area, PPE donning and doffing areas, hallways, break areas, dining areas/ cafeteria, locker rooms, restrooms, smoking areas, parking lots)*	Yes No	
Is there ability to maintain social distancing in these areas? If it is not possible to maintain social distancing in certain areas, please explain why.	Yes No	
Are barriers or dividers used to physically separate workers/visitors/customers/clients?	Yes No	
Are barriers being disinfected? If yes, how? *(see cleaning and disinfection for more detail)*	Yes No	
Has the number of tables in lunch or break areas been decreased?	Yes No	
Are other building spaces (e.g., conference rooms) in use for overflow?	Yes No	
Are tents being added to be used for overflow?	Yes No	
Is the number of workers/visitors/customers/clients in a space at one time being limited?	Yes No	
Are clock in/out stations touch-free?	Yes No	
Are workers able to safely and easily access potable water in the workplace?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Visual cues to maintain social distancing	Yes No	
What methods (e.g., floor markings, signs) are used?	Yes No	
Handwashing and hand sanitizer stations	Yes No	
Are handwashing stations and/or hand sanitizers (ideally touchless) placed in multiple locations?	Yes No	
Where are they located (e.g., all entrances, common areas)?	Yes No	
Are they touch-free?	Yes No	
Are they easily accessible?	Yes No	
Are all stations functioning and stocked with adequate supplies (e.g., sanitizer, soap, single use paper towels)?	Yes No	
Is there a mechanism to report depleted supplies?	Yes No	
If yes, are workers aware of how to report?	Yes No	
Is there ability to maintain social distancing?	Yes No	
Is additional time allotted to accommodate more frequent and thorough handwashing for each shift, during the shift, and/or between shifts?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Ventilation What type/s of ventilation is/are in place (general or local)?	Yes No	
Have personal cooling fans been eliminated?	Yes No	
If pedestal fans or hard mounted fans are used, minimize air from fans blowing air from one worker directly towards another worker.	N/A	
If fans are removed, what steps are being taken to prevent heat hazards?	N/A	

Cleaning and Disinfection

Elements to be assessed	Assessment	Notes/Areas for improvement
Food production areas [if applicable]	Yes No N/A	
What cleaning and disinfection agents are used?	N/A	
Are cleaning and disinfection agents consistent with USDA and EPA recommendations?	Yes No	
What is the frequency of cleaning and disinfection?	N/A	
Are products being applied at the appropriate concentration?	Yes No	
Are products being applied for the appropriate contact time?	Yes No	
Non-food production areas	Yes No	
What cleaning and disinfection agents are used?	Yes No	
Are they consistent with EPA List N recommendations?	Yes No	
What is the frequency of cleaning and disinfection?	Yes No	
Are products being applied at the appropriate concentration?	Yes No	
Are products being applied for the appropriate contact time?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Targeted and more frequent cleaning of high priority surfaces including common areas, frequently touched surfaces, and physical barriers (if present)	Yes No	
What surfaces are receiving additional cleaning and disinfection?	N/A	
What is the schedule for this cleaning?	N/A	
Are products being applied at the appropriate concentration?	Yes No	
Are products being applied for the appropriate contact time?	Yes No	
Are shared equipment and materials being cleaned and disinfected between use by each worker? What is the schedule for this cleaning?	Yes No	
Are there cleaning and disinfecting procedures conducted between visitor/customers/clients? What are the procedures?	Yes No	
Enhanced cleaning and disinfection after persons with suspected or confirmed COVID-19 have been in the facility What policies and procedures are in place?	Yes No	
Hazard assessment performed for cleaning and disinfection tasks	Yes No	
Are protections in place to protect workers who perform cleaning and disinfection tasks from chemical hazards posed by disinfectants? If yes, please describe.	Yes No	
Are they wearing PPE appropriate for these tasks?	Yes No	

Administrative controls

Elements to be assessed	Assessment	Notes/Areas for improvement
Pre-shift employee/visitor health screening **See General Business Frequently Asked Questions** for a description of screening best practices.	Yes No	
Is screening completed prior to entry into the facility?	Yes No	
Who performs the screening?	Yes No	
Have screeners been appropriately trained?	Yes No	
Are protections in place for the screeners?	Yes No	
• Social distancing?	Yes No	
• Barriers/partitions?	Yes No	
• PPE (if the controls above cannot be maintained)?	Yes No	
Does screening include every person prior to building entry (including visitors/customers/clients and employees who arrive early or late or through other entrances)?	Yes No	
What information is assessed?	N/A	
• Are symptoms asked? *If yes, please list.*	Yes No	
• Are other questions asked? *If yes, please list.*	Yes No	
• Are temperatures being checked? *If yes, how?*	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Is social distancing between individuals awaiting screening being maintained during the process?	Yes No	
How are employees who screen affirmatively managed?	N/A	
Is secondary screening done for those with fever or reported symptoms?	Yes No	
• What does it include?	N/A	
• Who performs it?	N/A	
• Where is it done?	N/A	
Is a referral process in place that will direct employees with signs or symptoms of COVID-19-like illness (CLI) to further assessment? *If yes, please describe.*	Yes No	
Are privacy practices in place, wherever possible?	Yes No	
Is confidentiality maintained as required by the Americans with Disabilities Act (ADA)?	Yes No	
Physical distancing coaches Are they being used? *If yes, are they effective?*	Yes No	
Training and communication	Yes No	
What is/are the mode(s) of delivery (e.g., online, written materials, beginning of shift updates)?	N/A	
What topics are covered?	N/A	

Elements to be assessed	Assessment	Notes/Areas for improvement
What languages are used?	N/A	
Who are the interpreters (if needed)?	N/A	
Is there any signage?	Yes No	
• Where is it placed?	N/A	
• What topics are covered?	N/A	

Personal protective equipment (PPE) and source control

Elements to be assessed	Assessment	Notes/Areas for improvement
Is PPE required for usual job duties (required prior to COVID-19 pandemic)?	Yes, at least some PPE was required prior to COVID-19 No, PPE was not required prior to COVID-19	
What types of PPE are required for which job tasks? (e.g., disposable vs reusable, material, style)	N/A	
• Eye protection, type or style: (e.g. goggles, faceshield, safety glasses):	Required Not required	
• Gloves, type:	Required Not required	
• Respirator, type:	Required Not required	
• Facemask:	Required Not required	
• Other facial covering, type (e.g., face shield):	Required Not required	
• Gown/coveralls/apron, type:	Required Not required	
• Other: Type:	Required Not required	
• Other: Type:	Required Not required	
• Other: Type:	Required Not required	

Elements to be assessed	Assessment	Notes/Areas for improvement
Is PPE required specifically for COVID-19 prevention?	Yes, PPE is now required specifically to prevent COVID-19 No, PPE is not required specifically to prevent COVID-19	
What types of PPE are required for which job tasks? (e.g., disposable vs reusable, material, style)	N/A	
• Eye protection, type or style: (e.g. goggles, faceshield, safety glasses):	Required Not required	
• Gloves, type:	Required Not required	
• Respirator, type:	Required Not required	
• Facemask:	Required Not required	
• Other facial covering, type (e.g., face shield):	Required Not required	
• Gown/coveralls/apron, type:	Required Not required	
• Other: Type:	Required Not required	
• Other: Type:	Required Not required	
• Other: Type:	Required Not required	

Elements to be assessed	Assessment	Notes/Areas for improvement
If PPE is being used, is it being used more than once (re-used)?	Yes No N/A	
Is this PPE designed to be re-used or is it being re-used in the setting of optimization due to decreased supply?	N/A	
How is reusable PPE being cleaned and disinfected?	N/A	
How often is reusable PPE being cleaned and disinfected?	N/A	
Is reusable PPE stored in a clean location at the facility (not taken home) when not in use?	Yes No	
If required, PPE is being provided by the employer Are there challenges in sourcing PPE?	Yes No N/A	
Face covering use (for source control)	Yes No	
Are workers required to wear face coverings?	Yes No	
What materials are allowed for this industry?	N/A	
Are face coverings required for visitors/customers/clients?	Yes No	
In which parts of the facility are they being used?	N/A	
Are they being replaced when they are contaminated?	Yes No	
Are laundered cloth face coverings provided at least daily?	Yes No	
Is there a mechanism for reporting supplies are low?	Yes No	

Elements to be assessed	Assessment	Notes/Areas for improvement
Are workers instructed about the need to launder cloth face coverings routinely?	Yes No	
Do they interfere with PPE and performing of tasks? *If yes, how has that been addressed?*	Yes No	
If required, cloth face coverings (used for source control) are being provided by the facility	Yes No N/A	
For employees:	Yes No	
For visitors/customers/clients:	Yes No	
What types face coverings are provided?	N/A	
For employees:	N/A	
For visitors/customers/clients:	N/A	
Is there an area for donning and doffing cloth face coverings?	Yes No	
For employees:	Yes No	
For visitors/customers/clients:	Yes No	
For employees, who is responsible for laundering cloth face coverings?(i.e., employer only; employee only; or employer, but employee can launder their own if they desire)	N/A	
Are there challenges in sourcing cloth face coverings?	Yes No	

Section 4: Guidelines and Other Resources

CDC COVID-19 website
www.cdc.gov/coronavirus/2019-ncov/

What to do if you are sick
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

CDC Interim Guidance for Businesses and Employers: Plan, Prepare and Respond to Coronavirus Disease 2019
www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

CDC General Business Frequently Asked Questions
https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

CDC Resuming Business Toolkit
https://www.cdc.gov/coronavirus/2019-ncov/community/resuming-business-toolkit.html

CDC Strategies to Optimize the Supply of PPE and Equipment
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

CDC Recommendations for Cloth Face Covers
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

CDC Tools for Cross-Cultural Communication and Language Access
https://www.cdc.gov/healthliteracy/culture.html

CDC Contact Tracing (for public health authorities)
https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fphp%2Fopen-america%2Fcontact-tracing.html

NIOSH Coronavirus Disease 2019 website
www.cdc.gov/niosh/emres/2019_ncov.html

CDCINFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348 | website: www.cdc.gov/info

OSHA COVID-19 website
www.osha.gov/SLTC/covid-19/controlprevention.html

OSHA industry-specific website:

Additional regulatory agency/organization websites:

EPA List N: Disinfectants for use against SARS-COV-2
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Section 5. Direct Observation of Facility Practices (optional)

This section is intended as a guide to topics and facility areas for direct observation during an on-site evaluation of infection prevention and control practices at facilities. This chart can help guide collection of information to supplement Section 3. It is not meant to be an exhaustive list. For example, other topics or areas of interest (e.g., specific departments or production areas) can be added to adapt this tool based on industry or local circumstances.

Consider assessment of specific areas of the facility at the following times:

- Shift start and end
- During health screening
- Mealtimes
- Breaks
- During production
- During cleaning and disinfection

Item	Health Screening Area[1] (if present)	Entrance/Exits Clock In/Out Areas[1]	Uniform & Equipment Pickup Area	Production Area	Break Areas, Dining Areas, Cafeterias[2]	Locker Rooms, Restrooms	Other: [3]	Other: [3]	Other: [3]
Adherence to Social Distancing	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Appropriate Cleaning and disinfection practices	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Visual or other cues to maintain social distancing	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Clearly visible?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Languages?									
Communications about COVID-19 and worker safety and health	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Topics?									
Languages?									
Availability of hand hygiene supplies and opportunities for use	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
PPE use	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Specify types for each area:									
Correct PPE use?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Cloth face covering use implemented for COVID-19 source control	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

[1]Consider evaluating during shift changes; [2]Consider evaluating during mealtimes and breaks; [3] Fillable column headings can be customized to the facility. Column headings recommended for consideration are the following:
Uniform & Equipment Pickup Area; Production Area; Other areas: e.g., parking lot, smoking areas (as needed)