# Facility Assessment Tool for Coronavirus Disease 2019 (COVID-19) for Manufacturing Facilities For use by public health officials

Using Guidance from the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA)

This tool is intended to assist officials from state or local health departments assess infection prevention and control programs and practices in manufacturing facilities to make recommendations regarding COVID-19. This tool can serve as a template for assessing a facility. Public health officials can remove or add elements and response options depending on the local situation, assessment goals, and facility characteristics. Public health officials can complete an assessment by reviewing written policies and procedures, discussing practices with facility management and worker representatives, and directly observing activities during a site evaluation.

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).

### **Overview**

Section 1: Facility and workforce characteristics

Section 2: Infection control program and infrastructure

Section 3: Guidelines and other resources

**Section 4:** Direct observation of facility practices



### **Section 1: Facility and Workforce Characteristics**

| Section 1. ruently and work             | ioree cilarae     | .ceristics                |              |                   |  |
|---|-------------------|---------------------------|--------------|-------------------|--|
| Assessment Details                      |                   |                           |              |                   |  |
| Date(s) of assessment:                  | Type of assessme  | nt: Off-site              | On-site      | Other (specify):  |  |
| Facility information                    |                   |                           |              |                   |  |
| Facility name:                          |                   |                           |              |                   |  |
| Facility Address:                       |                   |                           |              |                   |  |
| Facility Point(s) of Contact:           |                   |                           |              |                   |  |
| Type of manufacturing performed or prod | uct manufactured: |                           |              |                   |  |
| Number of units processed per day:      | Normal production | ո։                        | Production   | at time of visit: |  |
| Total number of workers:                | T                 | otal number of <b>con</b> | tractors:    |                   |  |
| Number and types of shifts:             |                   |                           |              |                   |  |
|   |                   |                           |              |                   |  |
| Shift start times:                      |                   |                           |              |                   |  |
| Shift end times:                        |                   |                           |              |                   |  |
| Break times:                            |                   |                           |              |                   |  |
| Names of departments in facility:       |                   |                           |              |                   |  |
|   |                   |                           |              |                   |  |
|   |                   |                           |              |                   |  |
|   |                   |                           |              |                   |  |
|   |                   |                           |              |                   |  |
| Workforce diversity                     |                   |                           |              |                   |  |
| Primary languages spoken by workforce:  | English           | % of workforce tha        | t speak/unde | rstand and read:  |  |
|   | Spanish           | % of workforce tha        | t speak/unde | rstand and read:  |  |

 $\textbf{Describe others} \ (\textit{record percentage of workers that speak each language}) :$ 

Nationalities or ethnic groups in workforce, including workers and contractors (useful in identifying dialects, cultural preferences for awareness):

| Employer-sponsored transportation  |
|--|
| Employer-sponsored transportation to/from work?  Yes, entire workforce  Yes, some of the workforce  No                       |
| What are other ways workers get to work? Ride-share vans Shuttle vehicles Car-pools Public transportation Other, specify:    |
| Are workers able to maintain social distancing (as much as possible) during transportation to work? Yes No Unknown           |
| Are workers required to wear cloth face coverings during employer-sponsored transportation? Yes No Unknown                   |
| Are workers encouraged to wear cloth face coverings during employer-sponsored transportation? Yes No Unknown                 |
| Employer-sponsored housing   |
| <b>Employer-sponsored housing?</b> Yes, entire workforce Yes, some of the workforce No                                       |
| Other workforce characteristics  |
| Do workers work in other facilities of the same company?  Yes No Unknown  If yes, which facilities?                          |
| Do any workers come to the facility from: work release programs job share programs work exchange programs other, specify:    |
| 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   |
| State Public Health epidemiologist contact information:  |

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

OSHA point of contact:

Is there any OSHA activity at the facility? Yes No

## **Section 2: Infection Control Program and Infrastructure**

This section allows for health officials to document which elements they have assessed, take notes on each element, and identify areas for improvement.

### **COVID-19 Workplace Health and Safety Plan**

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement  |
|--|-----------|--|
| Workplace COVID-19 coordinators identified   | Yes<br>No |  |
| Who are the coordinators? (Provide contact information)  | N/A       |  |
| What are their health and safety related backgrounds (e.g. training, education, work experience)?                                | N/A       |  |
| Plans have been developed to continue essential functions with higher than usual absenteeism                                     | Yes<br>No |  |
| Mechanism exists for monitoring and tracking absenteeism   | Yes<br>No |  |
| Mechanism exists for tracking when workers can return to work  | Yes<br>No |  |
| Standard operating procedures for cleaning, disinfection, and sanitization reviewed and modified as necessary for COVID-19       | Yes<br>No | See Section 2, Cleaning/disinfection/sanitization for more information |
| Leave policies are flexible, non-punitive, and encourage ill workers to stay home  | Yes<br>No |  |
| What is the policy?  | N/A       |  |
| How would taking leave affect workers' income?   | N/A       |  |
| Has the policy been consistently communicated to workers?  | Yes<br>No |  |
| Coordination with occupational safety, health, or medical professionals  | Yes<br>No |  |
| Does the facility have on-site occupational safety and health services?  | Yes<br>No |  |
| If yes, what resources do they offer?  | N/A       |  |
| If no, does the facility refer to or have a contract with off-site occupational safety and health services?                      | Yes<br>No |  |
| What role, if any, are these services playing in health screening, referral for further evaluation, testing, and other policies? | N/A       |  |

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement                                 |
|--|-----------|---|
| Collaboration with local and/or state public health authorities and other stakeholders   | Yes<br>No |   |
| Has the facility considered local and/or state guidance when developing their COVID-19 Workplace Safety and Health Plan?   | Yes<br>No |   |
| What are the names and contact information for local and/or state contacts?  | N/A       |   |
| Has pre-shift worker and visitor health screening been considered?   | Yes<br>No | See Section 2, Administrative controls for more information |
| Policy for managing workers with potential exposure to COVID-19  | Yes<br>No |   |
| What are the policies?   | N/A       |   |
| Policy for managing workers with <u>symptoms</u>   | Yes<br>No |   |
| What are the procedures for a worker to report symptoms either before reporting to work or while at work?  | N/A       |   |
| Policy for managing workers with confirmed or suspected COVID-19 or COVID-19 positive test result  | Yes<br>No |   |
| What are return-to-work criteria for workers with COVID-19 (e.g., symptom-based, time-based, or test-based)?  See <u>guidance for discontinuation of isolation for persons with COVID-19 not in healthcare settings</u> for description of these criteria. | N/A       |   |

# **Engineering Controls**

| Elements to be assessed   | Assessed? | Notes/Areas for Improvement |
|---|-----------|-----------------------------|
| Workstations, production lines, and other work areas  | Yes<br>No |                             |
| Is there ability to maintain social distancing ≥6 feet?   | Yes<br>No |                             |
| Does the ability to maintain social distancing ≥6 feet vary by department?  | Yes<br>No |                             |
| Does workstation alignment allow for worker separation (≥6 feet)?   | Yes<br>No |                             |
| Are workers facing away from one another?   | Yes<br>No |                             |
| Are physical barriers, such as partitions (e.g., stainless steel, plexiglass, plastic strip curtains) in use to separate workers, where appropriate?  | Yes<br>No |                             |
| Are barriers, if present, being disinfected?  | Yes<br>No |                             |
| <ul> <li>Other areas where workers may congregate</li> <li>Health screening area</li> <li>Entrances/exits</li> <li>Clock in/out areas</li> <li>PPE, uniform, and equipment pickup area</li> <li>Tool sharpening area</li> <li>PPE donning/doffing area</li> <li>Hallways</li> <li>Break areas</li> <li>Dining area/cafeteria</li> <li>Locker rooms</li> <li>Restrooms</li> <li>Smoking areas</li> <li>Parking lots</li> </ul> | Yes<br>No |                             |
| Is there ability to maintain social distancing in these areas?  | Yes<br>No |                             |
| Are barriers or dividers in use to physically separate workers?   | Yes<br>No |                             |
| Has the number of tables in lunch or break areas been decreased and/or other building spaces (e.g., conference rooms) in use for overflow?  | Yes<br>No |                             |
| Are outdoor tents being used for overflow, such as for break and lunch areas  | Yes<br>No |                             |
| Is the number of workers in a space at a time being limited?  | Yes<br>No |                             |

| Elements to be assessed   | Assessed? | Notes/Areas for Improvement |
|---|-----------|-----------------------------|
| Are clock in/out stations touch-free?   | Yes       |                             |
|   | No        |                             |
| Visual cues to maintain social distancing   | Yes       |                             |
|   | No        |                             |
| What methods (e.g., floor markings, signs) are used?  | N/A       |                             |
| Handwashing and/or hand sanitizer stations  | Yes       |                             |
| nanawashing ana/or nana samuzer stations  | No        |                             |
| Are handwashing and/or hand sanitizer stations  | Yes       |                             |
| (ideally touchless) placed in multiple locations?   | No        |                             |
| Where are they located (e.g., all entrances, common areas)?   | N/A       |                             |
| Ave thousand from?  | Yes       |                             |
| Are they touch-free?  | No        |                             |
| Are they easily accessible?   | Yes       |                             |
| Are they easily accessible?   | No        |                             |
| Are all stations functioning and stocked with adequate  | Yes       |                             |
| supplies (e.g., 60% alcohol sanitizer, soap, single use paper towels, trash can)?                       | No        |                             |
| , , , , , , , , , , , , , , , , , , ,   | Yes       |                             |
| Is there a mechanism to report depleted supplies?   | No        |                             |
|   | Yes       |                             |
| Are workers aware of how to report depleted supplies?   | No        |                             |
| Is there ability to maintain social distancing at   | Yes       |                             |
| all stations?   | No        |                             |
| Is additional time allotted to accommodate more frequent  | Yes       |                             |
| and thorough handwashing for each shift, during the shift, and/or between shifts?                       | No        |                             |
| sint, and of between sints:   | Voc       |                             |
| Ventilation   | Yes<br>No |                             |
| Has amployer considered consulting with a heating   |           |                             |
| Has employer considered consulting with a heating, ventilation, and air-conditioning engineer to ensure | Yes       |                             |
| adequate ventilation (if applicable)?   | No        |                             |
| Have personal cooling fans been eliminated?   | Yes       |                             |
| , 5   | No        |                             |
| Has the employer considered using pedestal fans or hard-<br>mounted fans?                               | Yes       |                             |
| mounted lans!   | No        |                             |

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| If pedestal fans or hard mounted fans are used, are steps taken to minimize air from fans blowing air from one worker directly towards another worker? | Yes<br>No |                             |
| If fans are removed, what steps are being taken to prevent heat hazards?   | N/A       |                             |

### Cleaning, Disinfection, Sanitization

| Elements to be assessed                                       | Assessed? | Notes/Areas for Improvement |
|---|-----------|-----------------------------|
| Production areas (including equipment)                        | Yes       |                             |
| rroduction areas (including equipment)                        | No        |                             |
| Who is responsible for cleaning/disinfection/sanitization?    | N/A       |                             |
| What cleaning/disinfection/sanitization agents are used?      | Yes       |                             |
|   | No        |                             |
| Are agents consistent with <u>EPA List N</u> recommendations? | Yes<br>No |                             |
| Are agents consistent with FDA recommendations (if FDA        | Yes       |                             |
| regulated facility)?  | No        |                             |
| What is the frequency of cleaning/disinfection?               | N/A       |                             |
| Are products being applied at the appropriate                 | Yes       |                             |
| concentration?  | No        |                             |
| Are products being applied for the appropriate                | Yes       |                             |
| contact time?   | No        |                             |
| Non-production areas  | Yes<br>No |                             |
| What cleaning/disinfection/sanitization agents are used?      | N/A       |                             |
| Are they consistent with <u>EPA List N</u> recommendations?   | Yes       |                             |
| Are they consistent with <u>LFA List N</u> recommendations:   | No        |                             |
| What is the frequency of cleaning/disinfection?               | N/A       |                             |
| Are products being applied at the appropriate                 | Yes       |                             |
| concentration?  | No        |                             |
| Are products being applied for the appropriate                | Yes       |                             |
| contact time?   | No        |                             |

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| Targeted and more frequent cleaning of high-touch surfaces including common areas, frequently touched surfaces, and physical barriers (if present) | Yes<br>No |                             |
| What surfaces are receiving additional cleaning/disinfection?  | N/A       |                             |
| What is the schedule for this cleaning/disinfection?   | N/A       |                             |
| Are products being applied at the appropriate concentration?   | Yes<br>No |                             |
| Are products being applied for the appropriate contact time?   | Yes<br>No |                             |
| Enhanced cleaning and disinfection after persons with suspected or confirmed COVID-19 have been in the facility                                    | Yes<br>No |                             |
| What policies and procedures are in place?   | N/A       |                             |
| Hazard assessment performed for cleaning and disinfection tasks  | Yes<br>No |                             |
| Are protections in place to protect workers who perform cleaning and disinfection tasks from chemical hazards posed by disinfectants?              | Yes<br>No |                             |
| Are they wearing PPE appropriate for these tasks?  | Yes<br>No |                             |

### **Administrative Controls**

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| Pre-shift worker / visitor health screening  | Yes       |                             |
| rie-silit worker / visitor nearth screening  | No        |                             |
| Is screening completed prior to entry into the facility?                                   | Yes       |                             |
| is screening completed prior to entry into the facility:                                   | No        |                             |
| Who performs the screening?  | N/A       |                             |
| Have screeners been appropriately trained?   | Yes       |                             |
| nave screeners been appropriately trained:   | No        |                             |
| Are screeners wearing appropriate PPE?   | Yes       |                             |
| Are serveriers wearing appropriate 11 E:   | No        |                             |
| Does screening include every person prior to building                                      | Yes       |                             |
| entry, including visitors and workers who arrive early or late or through other entrances? | No        |                             |

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| What information is assessed (See General Business Frequently Asked Questions)?                  | N/A       |                             |
| Are temperatures being checked?  | Yes<br>No |                             |
| Is additional (i.e. secondary) screening done for those with fever or reported symptoms?         | Yes<br>No |                             |
| What does it include?  | N/A       |                             |
| Who performs it?   | N/A       |                             |
| • Where is it done?  | N/A       |                             |
| Have screeners been appropriately trained?   | Yes<br>No |                             |
| Are screeners wearing appropriate PPE?   | Yes<br>No |                             |
| Is social distancing between individuals awaiting screening being maintained during the process? | Yes<br>No |                             |
| Is social distancing being practiced during screening, wherever possible?                        | Yes<br>No |                             |
| How are workers who have a fever or report symptoms managed?                                     | N/A       |                             |
| Are privacy practices in place, wherever possible?   | Yes<br>No |                             |
| Is confidentiality maintained as required by the Americans with Disabilities Act (ADA)?          | Yes<br>No |                             |
| Physical distancing coaches  | Yes<br>No |                             |
| Are they being used?   | Yes<br>No |                             |
| If so, are they effective?   | Yes<br>No |                             |
| Training and communication   | Yes<br>No |                             |
| What is the mode of delivery (e.g., online, written materials, beginning of shift updates)?      | N/A       |                             |

| Elements to be assessed                            | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| What topics are covered?                           | N/A       |                             |
| What languages are used?                           | N/A       |                             |
| How are the interpreters selected (if applicable)? | N/A       |                             |
| Is there any COVID-19 related signage?             | Yes<br>No |                             |
| Where is COVID-19 signage placed?                  | N/A       |                             |
| What COVID-19 topics are covered via signage?      | N/A       |                             |

# Personal Protective Equipment (PPE) and Source Control

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| PPE for usual job duties   | Yes<br>No |                             |
| What types of PPE are required for which job tasks (disposable vs. reusable, material, style)? | N/A       |                             |
| Eye protection, type or style (e.g., goggles, face shield, safety glasses):                    | N/A       |                             |
| Gloves, type:  | N/A       |                             |
| Respirator, type:  | N/A       |                             |
| Gown/coveralls/apron, type:  | N/A       |                             |
| Other, type:   | N/A       |                             |
| PPE use practices  | Yes<br>No |                             |
| Have workers received training on the following topics in language they can understand?        | N/A       |                             |
| When to use PPE  | Yes<br>No |                             |

| Elements to be assessed  | Assessed? | Notes/Areas for Improvement |
|--|-----------|-----------------------------|
| • What PPE is necessary  | Yes<br>No |                             |
| <ul> <li>How to put on, use, take off, dispose of,<br/>and maintain PPE</li> </ul>           | Yes<br>No |                             |
| • Limitations of PPE   | Yes<br>No |                             |
| Are there markings and signs for PPE donning/<br>doffing procedures?                         | Yes<br>No |                             |
| Is hand hygiene stressed before and after handling all PPE?                                  | Yes<br>No |                             |
| Are workers wearing PPE correctly?   | Yes<br>No |                             |
| PPE use during cleaning/sanitizing/disinfecting  | Yes<br>No |                             |
| Have workers received training on the following topics in language they can understand?      | N/A       |                             |
| When to use PPE  | Yes<br>No |                             |
| What PPE is necessary (based off manufacturer's recommendations)                             | Yes<br>No |                             |
| How to put on, use, take off, dispose of,<br>and maintain PPE                                | Yes<br>No |                             |
| • Limitations of PPE   | Yes<br>No |                             |
| Are there markings and signs for PPE donning/doffing procedures?                             | Yes<br>No |                             |
| Is hand hygiene stressed before and after handling all PPE?                                  | Yes<br>No |                             |
| Are workers wearing PPE correctly?   | Yes<br>No |                             |
| Reusable PPE cleaning and disinfection   | Yes<br>No |                             |
| How is reusable PPE and equipment being cleaned and disinfected?                             | N/A       |                             |
| How often?   | N/A       |                             |
| Is reusable PPE stored in a clean location at the facility (not taken home) when not in use? | Yes<br>No |                             |

| Elements to be assessed   | Assessed? | Notes/Areas for Improvement |
|---|-----------|-----------------------------|
| If required specifically for COVID-19, PPE/ facemasks/face shields are being provided by the facility               | Yes<br>No |                             |
| What types of PPE/facemasks/face shields are provided?  | N/A       |                             |
| Is there an area for donning and doffing?   | Yes<br>No |                             |
| Is hand hygiene stressed before and after handling all PPE?   | Yes<br>No |                             |
| Are there challenges in sourcing PPE?   | Yes<br>No |                             |
| Cloth face covering use <sup>1</sup>  | Yes<br>No |                             |
| What is the facility's policy for cloth face coverings?   | N/A       |                             |
| Does the facility's policy address exemptions for cloth face coverings?   | Yes<br>No |                             |
| In which parts of the facility are they being used?   | N/A       |                             |
| Are cloth face coverings being replaced when they are contaminated?   | Yes<br>No |                             |
| Are laundered cloth face coverings provided at least daily?   | Yes<br>No |                             |
| Are workers instructed about the need to launder cloth face coverings routinely, depending on the frequency of use? | Yes<br>No |                             |
| Are workers wearing cloth face coverings correctly?   | Yes<br>No |                             |
| Is there a mechanism for reporting supplies of cloth face coverings are low?  | Yes<br>No |                             |
| Do cloth face coverings interfere with PPE or performing job tasks?   | Yes<br>No |                             |
| If causing interference, how has that been addressed?   | N/A       |                             |

¹Cloth face coverings should not be worn by anyone with trouble breathing or people who cannot remove the covering without assistance.

### Section 3: Guidelines and Other Resources

CDC COVID-19 website

www.cdc.gov/coronavirus/2019-ncov/

CDC/OSHA Interim Guidance for Manufacturing Workers and Employers

www.cdc.gov/coronavirus/2019-ncov/community/guidance-manufacturing-workers-employers.html

**CDC Resuming Business Toolkit** 

www.cdc.gov/coronavirus/2019-ncov/community/resuming-business-toolkit.html

CDC Interim Guidance for Businesses and Employers: Plan, Prepare and Respond to Coronavirus Disease 2019

www.cdc.gov/coronavirus/2019-ncov/community/quidance-business-response.html

CDC COVID-19 General Business Frequently Asked Questions

www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html

**CDC Recommendations for Cloth Face Covers** 

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

CDC Tools for Cross-Cultural Communication and Language Access

www.cdc.gov/healthliteracy/culture.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 Safety and Health Topics website** 

www.osha.gov/SLTC/

FDA What to Do if You Have COVID-19 Confirmed Positive or Exposed Workers in Your Food Production, Storage, or Distribution Operations Regulated by FDA

www.fda.gov/food/food-safety-during-emergencies/what-do-if-you-have-covid-19-confirmed-positive-or-exposed-workers-your-food-production-storage-or

EPA List N Disinfectants for use against SARS-COV-2

www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 cfpub.epa.gov/giwiz/disinfectants/index.cfm

### **Section 4: Direct Observation of Facility Practices**

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 meat and poultry processing facilities. This chart (on the next page) can help guide collection of information to supplement Section 3. It is not meant to be an exhaustive list **and can be modified based on local guidance in place and characteristics of the facility being assessed**. For example, there might be no work going on during the site visit or other topics or areas of interest (e.g., specific departments or production areas).

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  | Screenii | reening Area¹ Cloc |     | Entrance/Exits<br>Clock In/Out<br>Areas <sup>1</sup> |     | Uniform &<br>Equipment Pickup<br>Area |     | Tool Sharpening<br>Area |     | Production Area |     | Break Areas, Dining<br>Areas, Cafeterias <sup>2</sup> |     | Locker Rooms,<br>Restrooms |     | Other Areas:<br>Parking Lot,<br>Smoking Areas<br>(as needed) |  |
|---|----------|--------------------|-----|--|-----|---------------------------------------|-----|-------------------------|-----|-----------------|-----|---|-----|----------------------------|-----|--|--|
| Adherence to Social Distancing                                      | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Cues to maintain social distancing?                                 | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Are cues clearly visible?   | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Cues to maintain social distancing Languages?                       | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Cleaning and disinfection practices                                 | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Correct application?  | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Communications<br>about COVID-19<br>and worker safety<br>and health | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Topics?<br>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   |  |
| PPE use   | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| PPE types:  |          |                    |     |  |     |                                       |     |                         |     |                 |     |   |     |                            |     |  |  |
| Correct PPE use?  | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Cloth face covering use <sup>3</sup>                                | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |
| Correct cloth face covering use?                                    | Yes      | No                 | Yes | No   | Yes | No                                    | Yes | No                      | Yes | No              | Yes | No  | Yes | No                         | Yes | No   |  |