COVID-19 Questionnaire

How many employees have tested positive for COVID-19? _____

When was the last positive test? _____

Have any employees died from COVID-19? ☐ Yes ☐ No

If Yes, how many? _____

What are the COVID-19 screening protocols for employees on a daily basis?

What are the quarantine protocols if an employee is experiencing symptoms or has been exposed to COVID-19?

What safety protocols have been implemented in response to COVID-19 and when were the protocols implemented?

Is there an assigned COVID-19 safety coordinator? ☐ Yes ☐ No

If Yes, please provide name & title:

Is PPE provided to employees to help protect against COVID-19? ☐ Yes ☐ No

Please specify what PPE is used:

If Long-Term Care Facility, please answer the following:

Are employees tested for COVID-19 regularly? ☐ Yes ☐ No

If so, how often?

Is there currently a "no visitor" policy in place? ☐ Yes ☐ No

If so, when was this policy enacted?

If a patient/resident tests positive for COVID-19, what are the quarantine protocols?

How many patients/residents have died from COVID-19? _____

If Home Health Agency, please answer the following:

Do employees screen clients for COVID-19 symptoms? ☐ Yes ☐ No

Explain process:

Will employees be allowed to enter the residences of clients that are COVID-19 positive? ☐ Yes ☐ No