

Prioritizing non-healthcare worksite assessments for Coronavirus Disease 2019 (COVID-19)

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This page is intended to assist state, tribal, local, and territorial health departments in making decisions about how to allocate limited resources to respond to worksites that report COVID-19-related concerns, complaints, or clusters. In general, COVID-19 clusters in shared housing, detention and correctional facilities, schools, daycares, and youth programs should be considered high priority. Other worksites may be prioritized based on the potential for extensive transmission of the virus that causes COVID-19, SARS-CoV-2, or transmission to people at [higher risk for severe illness](#). These worksites could include high-density critical infrastructure facilities, such as manufacturing facilities, meat and poultry processing facilities, worksites with essential workers, warehouse and distribution centers, construction sites, or service-providing establishments such as salons or restaurants. Federal partners should be consulted regarding assessments of federal worksites.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC COVID-19 website periodically for [updated interim guidance](#).

Definition of a COVID-19 cluster in a non-healthcare worksite

For non-healthcare worksites, a COVID-19 cluster is defined as two or more [confirmed or probable cases](#) among workers within a 14-day period, with a potential connection in time and place at a worksite, in employer-provided group housing, or among workers using employer-provided transportation. Note that in communities with substantial SARS-CoV-2 transmission, it might be expected for some worksites to identify two or more cases within a 14-day period that are not connected to the worksite or to employer-provided housing or transportation. This applies especially to large employers. In these circumstances, efforts should be made to determine if there are plausible epidemiologic links among cases in the worksite and to rule out the possibility of exposure outside of the worksite.

Potential worksite clusters might be identified through case investigation, contact tracing, worker complaints, or employer reports to the health department. Depending on the strength of evidence, these potential clusters might warrant worksite assessment even if there are not yet laboratory confirmed cases. The absence of laboratory confirmation alone should not always rule out investigating a potential worksite cluster, particularly when there may be testing shortages or delayed test results.

Factors for Health Departments to consider in prioritizing worksite assessments

There is no absolute threshold for deeming a worksite assessment as high priority. The number of cases should not be the sole factor in determining whether a cluster is a priority. If follow-up is not possible for all worksites, the following is a list of factors health departments may consider when identifying and prioritizing facilities for more comprehensive outreach and assistance. Regardless of other response activities, health departments are encouraged to quickly provide existing [industry-specific guidance](#), or general guidance.

Worksites with the factors identified in A and B below should be prioritized for follow up:

A. One or more of these workforce factors:

- The proportion of total workers at the site with confirmed or probable SARS-CoV-2 infection, the virus that causes COVID-19, is greater than the proportion of cases in the general public for the local community.
- Someone with confirmed or probable SARS-CoV-2 infection worked onsite during the 48 hours prior to, or at any time after, symptom onset or specimen collection date (if the person was asymptomatic).

- A large number of potentially exposed workers (e.g., 5 or more) as a result of [close contact](#) with someone with confirmed or probable SARS-CoV-2 infection.
- A substantial proportion of workers (e.g., 33% or more) who may be at increased risk for severe illness. Examples include:
 - Older workers (65 years and older);
 - Workers with [underlying health conditions](#);
 - Workers who lack health care coverage;
 - Workers who are disproportionately affected by COVID-19, including workers from some racial and ethnic minority groups, due to socioeconomic status, barriers to accessing healthcare, and increased exposure to the virus due to occupation; and
 - Other vulnerable workers (e.g., migrant and seasonal farmworkers).
- A substantial proportion of workers (e.g., 33%, or more) who have barriers to accessing information about worksite procedures and policies for preventing the spread of COVID-19 or who may be less likely to comply with these policies. Examples include:
 - Non-English-speaking workers;
 - Workers with practices or beliefs that could impact adoption of prevention guidance; and
 - Workers with low literacy levels.
- A substantial proportion of the workforce is living in high-density housing, multi-generational housing, or in other circumstances that would make it difficult to isolate cases.

B. One or more of these worksite factors:

- A lack of measures in place to protect workers, such as:
 - Measures to ensure at least 6 feet of separation between workers during work and breaks, such as increased distance between workstations or visual cues to maintain separation.
 - Physical barriers in place, such as plexiglass, to separate workers from each other or workers from customers.
 - Requirement to wear cloth masks at the worksite.
 - Flexible sick leave policies that discourage sick workers from coming to work.
 - Testing options for exposed co-workers when needed, either for [high-density](#) critical infrastructure settings or other [non-healthcare](#) worksites.
 - Soap and water for handwashing or 60% alcohol-based hand sanitizer.
- Management receptive to receiving guidance regarding protective measures and expresses willingness to implement recommendations.
- [Critical infrastructure workers](#)  are working in the facility.
- Group or shared housing is provided to workers by the employer or a contracted supplier, such as camps, dormitories, or apartments.
- Group transportation is provided by the employer or a contracted supplier, or frequent carpooling occurs among workers.
- Interaction with customers or clients in [close proximity](#) (within 6 feet). Additional considerations may include:
 - A high volume of customers per day (e.g., grocery, retail); or
 - Extended duration (total of 15 minutes or more) with customers (e.g., hair salon).
- Employer is considering [implementing testing of workers](#).

Factors for Health Departments to consider in prioritizing worksite assessments

When needed, a [short questionnaire](#)  can be customized and used to remotely collect this information from the employer's human resource, occupational health, safety, or other professional at the worksite.