

Mental Health Services Recovery Board System - Return to work survey

* Required

1. Organization Name

2. Name of person filling out the form

3. Title

4. Phone number

5. Email

6. Facility address

Risk Assessment

7. 1. Are any of your employees healthcare workers? *

Mark only one oval.

Yes

No

8. 1A. If yes, please provide a brief explanation of which employees and what their jobs involve.

- 9. 2. Do any of your employees experience frequent and/or close contact (within 6 feet) with people outside of your organization or the general public? *

Mark only one oval.

Yes

No

- 10. 2A. If yes, please provide a brief explanation of which employees and how they come into contact with the general public.

- 11. 3. Do any of your employees have minimal contact with the general public and other coworkers? *

Mark only one oval.

Yes

No

- 12. 3A. If yes, please provide a brief description of which employees have minimal contact with the general public and other coworkers.

Facility Modifications

- 13. 4. How are your offices laid out? *

Check all that apply.

- Individual offices with one person per office
- Individual offices with multiple people sharing an office
- Open office floor plan (no barriers or very low barriers between desks)
- Cubicles

Other: _____

14. 5. Are all desks spaced in a way that allows all workers to be 6 feet or more apart? *

Mark only one oval.

- Yes
 No
 Depends on the desk

15. 6. What steps could be taken to allow workers to be appropriately spaced? *

Check all that apply.

- Reassigning desks
 Relocating desks to different locations
 Put up barriers between desks that cannot be spaced 6 feet apart
 Enough people will be working remotely that workers will be 6 feet apart naturally
 Employees are already appropriately spaced

Other: _____

16. 7. How do you plan to address common areas in your work space, such as kitchens or break rooms? *

Check all that apply.

- Completely shut off
 Limiting the number of people who can be in the space at one time
 Requiring cloth face coverings while in the common space
 Not applicable

Other: _____

17. 8. If your facility has a waiting room or other waiting area, how could it be modified? *

Check all that apply.

- Close the waiting area
 Remove chairs and other furniture
 Rearrange chairs to place all chairs 6 feet apart
 Not applicable

Other: _____

18. 9. How do you intend to change your cleaning process? *

Check all that apply.

- Adding cleaning stations throughout the work space
 Requiring employees to clean their work spaces at least one time per shift
 Schedule additional deep cleaning of facilities

Other: _____

Employee Modifications

19. 10. How could work hours be adjusted for your department? *

Check all that apply.

- Remote working
- Staggering lunch and break times
- Four 10-hour days
- Shifting start and end times of work
- Adding flexible hours provided employees work 80 hours per pay period
- Assigning a dedicated shift of employees that always works together ("platoon scheduling")
- No modifications

Other: _____

20. 11. What daily employee health screening do you intend to implement? *

Check all that apply.

- Temperature checks before work at home
- Temperature checks at work
- Screening questions before work at home
- Screening questions at work
- No screening

Other: _____

21. 12. What infection control measures do you intend to implement for your employees? *

Check all that apply.

- Requiring employees to wear face coverings continuously while at work
- Requiring employees to wear face coverings only when employees are within 6 feet of other people
- Requiring employees to clean their work spaces every day
- Recommending frequent hand washing breaks

Other: _____

Interactions with the Public

Please note, if your organization does not interact with the public, you will not need to answer questions 14-20.

22. 13. Does your organization physically (in person) interact with the public? *

Mark only one oval.

- Yes
- No

23. 14. Does your organization physically (in person) interact with the public within 6 feet? *

Mark only one oval.

- Yes
- No

24. 15. Where are your employees interacting with the public? *

Check all that apply.

- Fixed location such as a desk
 Moving around a dedicated facility
 In client's homes
 In public spaces

Other: _____

25. 16. If your employees that interact with the public are at a desk, which of the following modifications are necessary?

Check all that apply.

- Relocating employees to be spaced 6 feet or more apart
 Moving desks to be spaced at least 6 feet apart
 Creating barriers between employees who cannot be spaced 6 feet apart
 Creating barriers between employees and customers
 Restricting public access

Other: _____

26. 17. If your employees move around while interacting with the public in a dedicated facility, which of the following modifications are necessary?

Check all that apply.

- Placing tape throughout the facility to show proper spacing
 Decrease the number of people allowed within a space to 50% of the fire code
 Require regular hand washing of employees
 Placing signs throughout the facility
 Requiring patrons to wear face coverings
 Restricting public access
 Not applicable

Other: _____

27. 18. Do people form lines at your facility?

Mark only one oval.

- Yes
 No

28. 19. If people form lines at your facility, how do you plan to mark the correct distancing for people?

Check all that apply.

- Tape on the floor
 Other floor markings
 Freestanding signs
 Not applicable

Other: _____

29. 20. What measures do you plan to take for visitors entering your space?

Check all that apply.

- Requiring a face covering
- Temperature checks
- No measures

Other: _____

Service Delivery Changes

30. 21. What changes can you make to reduce the need for people to conduct business in person? *

Check all that apply.

- Provide services or list additional information online
- Conduct business by video chat
- Expanding services offered by phone
- Offer a chat option online
- Arrange for deliveries be "no contact"
- Limit meetings or hold them virtually
- Host training by video conferencing

Other: _____

31. 22. How can you modify services to have people spend less time in your facility?

Check all that apply.

- Change walk-in policies to appointment only, or limit walk-in hours
- Digitize forms rather than having people fill out paper copies
- Provide clear guidance online explaining what forms or other paperwork is necessary for a given appointment
- Provide remote access to services

Other: _____

Business Structure Changes

32. 23. What steps will you take to ensure that employees have the same access to information, technical support, and coworkers that they would have if they were physically at work? *

33. 24. How will managers work with remote employees? *

34. 25. How will you integrate remote workers into meetings?

Check all that apply.

Conference call line

Video conferencing

Other: _____

35. 26. What policies do you need to review or modify?

Check all that apply.

Sick time

FMLA

Scheduling

Remote working

Dress code (face coverings)

Workplace conduct

Employees job duties

Work process

Other: _____

Reopening Needs

36. 27. What kind of support do you need to get your facility ready to reopen? *

Check all that apply.

Assistance moving furniture, including desks

Installation of barriers

Marking floors at 6 foot intervals for people to line up

Signage hung

Assistance with writing policies

No assistance needed

Other: _____

37. 28. What do you see as the biggest challenges your department needs to overcome to be successful in this new environment?

38. 29. Does your organization have a continuity of operations plan that lists succession of authority if someone high up in your organization gets sick?

Mark only one oval.

Yes

No

39. Does your organization have a Building Preparation Plan (BPP) to include:

Check all that apply.

- Development of Facility cleaning plans
 Heating, Ventilation and Air Condition (HVAC) pre-return inspection
 Building mechanical system checks pre-return inspection

40. Does your organization have a Building Access Control Plan (BACP) to include:

Check all that apply.

- Development of protocols for safety and health checks
 Development of protocols for building reception
 Building mechanical system checks pre-return inspection

41. Does your organization have a Social Distancing Plan (SDP) to include:

Check all that apply.

- Decreasing personnel density in the workplace
 Scheduling management operations in the workplace
 Creating office traffic flow patterns.

42. Does your organization have a Touch Points Reduction Plan (TPRP) to include:

Check all that apply.

- An Open Doors policy
 A Clean Desk policy
 A Feeding / Food plan

43. 30. What other information or concerns would you like to share?

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