

COVID-19 Outbreak Assessment Questionnaire (OAQ) for DuPage County Businesses

Facility Name & Address: _____

Specific Location/Office/Area of Cases: _____

Facility COVID-19 reporter name or person completing OAQ: _____

Date OAQ completed: _____

Instructions:

- Purpose: collect details needed for DCHD to determine if the cluster meets outbreak definition per the Illinois Department of Public Health (IDPH).
- If not done so already, **first** report COVID-19 cases securely online via: [COVID-19 Case Reporting Form for DuPage County Businesses](#)
 - Positive *at-home* test results should only be reported if they are also a symptomatic close contact (to be assessed by DCHD).
- Complete OAQ in full to the best of your knowledge. Answer 'unknown' to questions for which you do not have information.
- Attach any documents that help track staff location (e.g., schedules, building floor plan/map).

General Facility Questions:

1. Has the business/workplace developed or issued communication notifying patrons, guests, visitors, employees, staff, and/or volunteers of the recently reported COVID-19 case(s) and public health recommendations/resources? YES NO PENDING
2. What mitigation layers are in effect at this facility?
 - a. Physical distancing (<3 feet, 3-6 feet, 6+ feet)
 - i. At the overall facility? _____
 - ii. In this particular area/setting of the below cases? _____
 - b. Masking
 - i. At the overall facility? _____
 - ii. In this particular area/setting of the below cases? _____
 - c. Ventilation: Has your [facility improved and maintained ventilation](#) throughout indoor spaces when possible (e.g., safely opening windows, using portable air cleaners, and improving building-wide filtration)?
 - i. At the overall facility? _____
 - ii. In this particular area/setting of the below cases? _____
 - d. Vaccination: If this information is available, what is the COVID-19 vaccination status of **staff** at this particular facility?
 1. Total count of staff with [up to date](#) COVID-19 vaccination status: _____
 2. Total count of staff: _____
 3. # Up to date vaccinated staff ÷ Total # staff x 100 = percent vaccinated: _____

Additional Comments: _____

Reported Case Details:

First Name	Last Name	Date of Birth	Shared location (be specific: e.g., breakroom, workplace, department, shift, waiting room, stock room, clock-in clock out area, etc.)	Date(s) of exposure (and duration, if known)	Does case share a household with another case on this report? (YES/NO) If YES, add name of household case	Is the case a close contact to another case on this report outside of the outbreak setting? (YES/NO) If YES, add case name exposed to and the alternate exposure location.	Does case have a more likely source of exposure (e.g., household or close contact to a confirmed case outside of the outbreak setting)? (YES/NO) If YES, add outside exposure source.