

Attachment D15

COVID-19 (Round 1)

VI. The following questions refer to the COVID-19 pandemic and how it has affected you in your work as a police officer.

1. Mark the point on the line below as to how much COVID-19 has affected your stress

No stress at all _____ **Most stress ever experienced**

2. What is your level of exposure to COVID-19 in your work as a police officer?

(1) Very low (2) Low (3) High (4) Very high

3. What sort of personal protection is provided for you by the BPD? **Check all that apply.**

Masks Face shields Temperature Checks

Sanitizer Gloves Vehicle Disinfecting

4. Did you have any training on how to properly wear protection (0) No (1) Yes

5. Did you have any training to help you to deal with COVID-19? (0) No (1) Yes

6. Have you tested positive for COVID-19? (0) No (1) Yes

7. Have you tested negative for COVID-19? (0) No (1) Yes

8. Have you been tested for antibodies for COVID-19? (0) No (1) Yes

If yes, what were the results? (0) Negative (1) Positive

9. Were you ever quarantined because of COVID-19? (0) No (1) Yes

10. Please answer the following questions about your experiences during the COVID-19 pandemic using the following four point scale:

- 1 = Strongly Agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly Disagree

		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
	Exposure				
1	I am concerned that I will get COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I am usually able to maintain a 6 foot distance while				

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4	When contacting a member of the public with respiratory symptoms (sneezing and coughing), I make sure to maintain a 6 foot distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	When I am assisting Buffalo Fire, I can maintain a safe distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
6	Someone or myself disinfects my equipment and car prior to my shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have access to all the personal protective equipment I need for my shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I always use personal protective equipment on all my shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I am not sure that I am wearing the 3M facemask correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	When I am wearing personal protective equipment, I still maintain a 6 foot distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I have been assaulted (physically or verbally) while trying to enforce COVID-19 mandates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have been assaulted, spat on, or coughed on by someone claiming to have COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Family				
13	I am worried about a family member getting sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I am worried that I may infect a family member due to my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	My responsibilities at home have increased during stay at home orders for members of my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coworker Concerns				
16	My coworkers stay home when they are sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am worried about coworkers becoming ill with COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I am worried about coworkers who have already become ill with COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work Environment				
19	I have been required to work extra shifts or overtime due to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My sleep and self-care have decreased due to stress related to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	There have been no significant compromises or shortcuts taken by management when my safety was at stake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Where I work, employees and management work together to ensure the safest possible working conditions during the COVID-19 pandemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	The COVID-19 mandates are not clear, sometimes there are mixed messages and rumors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I can usually follow the COVID-19 mandates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	COVID-19 has resulted in a surge of service demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

