

Guidance: Vaccination Planning Survey of Employers

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This document provides guidance on what information to have prepared when completing the **Vaccination Planning Survey of Employers** (<https://redcap-vac.web.health.state.mn.us/redcap/surveys/?s=A7PXY7YRNR>).

Survey Purpose

At this point, we are only requesting Food Processing and Manufacturing employers to complete this survey. This survey is to better understand what vaccination plans employers of essential workers already have in place and to identify additional resources that may be necessary to ensure all essential workers get an opportunity to be vaccinated. The information provided will be used for planning purposes; Minnesota Department of Health or one of our partners may contact you to offer assistance and planning for next steps. An employer does not have to complete this survey in order for their employees to be vaccinated; however, the information shared through this survey will help create plans for vaccinating essential workers as the vaccine supply increases over time. Additional vaccination opportunities may be available to employees through their own health care provider or community vaccination clinics. This survey does not seek information regarding those options. If you have questions about this survey or getting your employees vaccinated, please contact mdaresponds@state.mn.us.

Survey Will Require the Following for Each Facility

If your company has multiple facilities with employees who are eligible to be vaccinated, you can enter multiple facilities in the same entry. For each facility, complete the following information:

- Facility name and address.
- Contact person for vaccination planning and implementation for the facility.
- Total number of employees and number of employees not able to work from home.
- If available: number of employees who have confirmed they would like to receive the vaccine and how many employees have already been vaccinated.
- If you already have a vaccination plan and vaccine provider for the facility.
 - If you do, name, address, and contact information for the provider.
 - If you do not, if you have a provider you usually work with for influenza vaccines and their contact information.
- Preferred approach(es) for offering vaccinations to your employees.



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Contact health.communications@state.mn.us to request an alternate format.