

# COVID-19 Recommendations for Critical Infrastructure Businesses and Industries

This guidance is intended for Minnesota critical infrastructure businesses and industries in the food and agriculture, critical manufacturing, transportation, public utilities, and financial sectors. It may be applicable to other critical infrastructure industries and sectors, but specifically excludes health care and public health, schools, corrections, and other sectors for which there is specific state guidance. Learn more about [Identifying Critical Infrastructure during COVID-19 \(https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19\)](https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19).

---

## COVID-19 response for critical infrastructure

The most important practices to minimize transmission of COVID-19 in the workplace include systematic and comprehensive employee screening, facilitating testing of even mildly symptomatic employees, physical and operational changes to accommodate distancing, mandatory use of face masks and appropriate personal protective equipment (PPE), and adequate cleaning and disinfection of common areas. All Minnesota businesses are required to develop a COVID-19 Preparedness Plan that includes how the facility will implement these best practices. For more information and a template plan that can be tailored to each facility, visit [Stay Safe Guidance for All Business Entities \(https://staysafe.mn.gov/industry-guidance/all-businesses.jsp\)](https://staysafe.mn.gov/industry-guidance/all-businesses.jsp).

The Minnesota Department of Health (MDH) recommends testing symptomatic employees, even those with very mild symptoms, based on routine symptom screening of every employee before every shift. Basic screening symptoms include sore throat, cough, fever or feeling feverish, muscle aches, and shortness of breath. The objective is to establish a sustainable system of screening and testing that identifies and excludes ill employees on a continuous basis, to protect all facility employees. Workers who are symptomatic upon arrival at work, or who become sick during the day, should be sent home, and referred to health care for further evaluation and testing.

### Guidance for employers when a symptomatic employee is tested for COVID-19:

1. The employee should stay home and isolate themselves until test results are available.
2. The employee who tests negative:
  - May return to work if their symptoms have improved.

- Should remain home if still symptomatic, and be evaluated by a health care provider.
3. The employee who tests positive:
- Symptomatic COVID-positive employees should stay isolated at home until all three of the following are true:
    - Symptoms have improved, and
    - At least 10 days have passed since symptoms first appeared, and
    - At least 24 hours have passed without fever, without the use of fever-reducing medications.
  - Asymptomatic COVID-positive employees must self-isolate at home for 10 days from the testing date.
  - MDH does not recommend that employers require COVID-19 testing before returning to work. For more information, visit [Duration of Isolation and Precautions for Adults with COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).
  - Consider alternative housing when workers are living in close quarters, such as sharing an apartment, or living in the same household with extended family, with ongoing risk of close contact exposures to COVID-19. In Minnesota, local public health (LPH) officials are key in identifying housing and needed services for people who cannot safely self-isolate at home.

## Employer workplace follow-up when an employee tests positive for COVID-19

1. Identify any commonalities among COVID-positive workers including illness onset dates, positions, location of work stations in the facility, shifts, transportation to work, and household or family connections between employees. This will support efforts to understand transmission events inside and/or outside the workplace. Employers are often in the best position to identify these connections, with assistance from MDH or LPH.
2. Workplace contact tracing.
  - a. The purpose of workplace contact tracing is to limit disease spread by identifying co-workers and colleagues who have had contact with an infectious employee, then excluding them from the workplace and requiring them to quarantine at home.
  - b. Contact is defined as interacting within 6 feet of an infectious person for 15 minutes or more without the use of cotton mask or disposable face covering, plus either face shield, or goggles, or a physical barrier between work stations.
  - c. Individuals with COVID-19 may be infectious prior to symptom onset. Therefore, contact tracing should include co-workers who were exposed to a worker with confirmed COVID-19 beginning 2 days before the individual became symptomatic (for asymptomatic workers, 2 days prior to specimen collection date) until the time of isolation.
  - d. Highest risk contacts are those who work very closely together, reside in the same home, eat lunch together, or carpool.

- e. Contact tracing should be a shared responsibility of the employer, MDH, and LPH, for those LPH departments performing contact tracing in their counties. Employers play a critical role in identifying workplace contacts and having them stay home so that others are not exposed. Supervisors and HR personnel have the tools to identify workplace contacts quickly and efficiently. Meanwhile, LPH and MDH are best positioned to identify household contacts, other close contacts, and co-workers with social ties through routine case interviews and contact tracing activities.
  - f. Contact tracing, whether performed by a health department or by the employer, should be conducted in a way that protects the confidentiality and privacy of an employee with COVID-19.
3. Quarantine and testing strategies for workplace contacts.
- While a 14-day quarantine period is standard, because of the essential services that critical infrastructure workers provide, the following shorter return-to-work quarantine strategies may be adopted to avoid staffing shortages.
- a. Strategy 1: Employees should self-quarantine at home for a minimum of 10 days and test on day 7. If testing is readily accessible and results are available quickly, this strategy is preferred because it identifies asymptomatic cases.
  - b. Strategy 2: Preferred strategy in situations with severe staffing shortages: Employees should self-quarantine for a minimum of 7 days, and test on day 5. This strategy allows for early return of employees and identifies most asymptomatic cases. It depends on the accessibility of testing and a quick turnaround time for test results.
  - c. Strategy 3: Employees should self-quarantine at home for 10 days. If symptoms develop, the employee should seek testing and remain home until results are available. If the employee does not develop symptoms, they may return to work on day 11 without any restrictions – no medical exam or testing required. This is a fallback strategy for critical infrastructure when testing is limited.
    - i. CDC guidance does permit asymptomatic workers in critical infrastructure sectors to work after exposure to a confirmed case of COVID-19 if they adhere to additional safety precautions. MDH recommends that exposed workers in critical infrastructure industries should instead self-quarantine for 7-10 days to control transmission in the workplace.
  - d. Additionally: These quarantine/testing strategies may also be adopted for “mission critical” staff (for example in public utilities) who are asked to quarantine prior to assignments where they will be sequestered.

## **Detection of multiple COVID-19 positive employees**

When an increase in COVID-19 cases occurs among employees in a facility within a short timeframe (10-14 days), state and local public health officials will conduct an investigation to determine transmission source(s). If COVID-19 transmission appears to be occurring in the workplace, testing of multiple individuals (i.e., mass testing) in the workplace may be indicated. However, mass testing has limitations. Testing all or a group of potentially exposed employees at the same time provides information about COVID-19 status on the day of testing. It does not inform workplace staff or public health officials about

## COVID-19 RECOMMENDATIONS FOR CRITICAL INFRASTRUCTURE BUSINESSES AND INDUSTRIES

the COVID-19 carriage or infection status of employees on subsequent days (e.g., an employee may be negative on the test day and positive the next day). Point in time, mass testing does not remove the ongoing need to conduct regular, daily symptom screening and testing, with exclusion and follow-up of ill employees.

When three employees of a facility have tested positive for COVID-19 within 14 days of each other, MDH or LPH epidemiologists will initiate an investigation. This include a review of COVID-19 cases at the facility, worker and supervisory adherence to the facility's COVID-19 Preparedness Plan, and disease prevention practices followed at the facility. These would include protocols for employee screening and testing of symptomatic employees, physical and operational changes to accommodate distancing, mandatory masking, appropriate PPE usage, and cleaning and disinfection procedures in common areas.

Evidence for ongoing transmission of COVID-19 within a facility includes:

1. An epidemiology curve of COVID-19 positive employees over time that indicates an increase in the number of cases within a short timeframe (e.g., 10-14 days).
2. A LPH and MDH analysis of the COVID-19 cases within the facility that identifies clusters of cases associated with specific workgroups, shifts, or locations in the plant, vs. sporadic or scattered cases, or cases among household members, carpoolers, and social groups.
3. LPH or MDH interviews with management find that the facility is not fully following recommended practices for disease prevention and infection control.

Mass testing strategies to be considered jointly with plant management, MDH, LPH, and employee and community groups:

1. Whole plant testing.
  - a. Voluntary testing of all facility employees who have not already tested positive is recommended when there is evidence for widespread transmission within a facility.
  - b. If employers elect to conduct facility-wide testing, multiple asymptomatic workers with COVID-19 may be identified. Employers should have a plan for meeting staffing needs while these persons are excluded from the workplace.
2. Cohort or group testing.
  - a. Voluntary testing of a cohort or group of facility employees who have not already tested positive is recommended when it can be shown that transmission within a facility is limited to a particular shift, workgroup, or area of the facility.
3. Whole plant testing in conjunction with household or community testing events.
  - a. Concurrent testing of facility employees and their households and/or the surrounding community is recommended when there is evidence for transmission within the facility as well as in employee households and the surrounding community.
4. Community testing.

COVID-19 RECOMMENDATIONS FOR CRITICAL INFRASTRUCTURE BUSINESSES AND  
INDUSTRIES

- a. Community testing is recommended when there is an increase in the number of cases within a short period of time (e.g., 10-14 days) in a town, city, or county involving employees of multiple workplaces, their household members, and community members.
- b. Community testing should be a joint effort between the State of Minnesota, the local municipality, the local public health department, county emergency managers, community groups, and local businesses.



Minnesota Department of Health | [health.mn.gov](https://health.mn.gov) | 651-201-5000  
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

09/09/2020