

DRAFT Public Utilities Recommendations and Strategies

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**Please note** that these recommendations are based on current knowledge and understanding of COVID-19 disease transmission and management. They are subject to change as information about COVID-19 changes.

*This document contains recommendations, not requirements.*

## Introduction

Public utility workers are part of the critical infrastructure workers identified by [Presidential Policy Directive 21 (PPD-21) Critical Infrastructure Security and Resilience](https://obamawhitehouse.archives.gov/the-press-office/2013/02/12/presidential-policy-directive-critical-infrastructure-security-and-resil). This sector encompasses a broad array of worksites that include energy, nuclear power plants, water, and wastewater treatment.

Most of these sectors have done extensive planning for continuity of operations as day-to-day events can threaten their operations, e.g., weather-related, natural disasters, etc. Some planning for infectious disease threats occurred, but do not necessarily identify response actions related to an incident on a pandemic scale. With the introduction of COVID-19, many have rapidly updated and tailored their plans to reflect specific aspects related this response.

Given public utilities’ extensive planning efforts, this document focuses solely on the health-related recommendations and strategies focused on keeping employees of public utilities working.

### Considerations

Unique work situations exist in the public utilities sector, making it necessary to have recommendations tailored to specific types of work roles and responsibilities. To capture the different types of work situations and the roles and responsibilities, a series of scenarios are provided.

## Scenarios

### General public utility employees

All public utility workers fall into the critical infrastructure PPD-21 directive. This includes people working in the office, operators, staff working in the field, and those providing direct services to clients/consumers. Each has a vital role in making sure all operations continue and therefore, precautions similar to other worksites.

### Mission Critical employees

Mission critical employees perform specific functions that are vital to maintaining operations. Loss of mission critical staff can result in a serious breakdown of services impacting many people, organizations, businesses, and others.

To prevent this, companies may employ a couple of different strategies.

1. They may select to sequester staff. Sequestration occurs when staff are brought onsite for shifts lasting a certain period of time. These staff do not leave the site during that time. To reduce the risk of loss of mission critical employees, recommendations have been tailored to reflect this unique situation.
2. They may elect to create pods, or teams. Some may call this ‘sequestration-lite’. These pods are grouped to work together and work longer shifts, to reduce risks of exposure to a smaller group of people at a time.

### Single Operator Settings

Many small communities employ only one person to operate key public utilities. This operator is 24/7, presenting specific challenges to maintaining operations during the COVID-19 pandemic. In addition, the operator may also be tasked with other municipality work, ‘wearing many hats’. This often requires this person to acquire knowledge, make decisions, and answer community questions concerning many areas such as parks, water fountains, beaches, etc. While those roles are not within the scope of this document, it may negatively impact operators’ ability to cope with COVID-19 demands.

## Screening

### General public utility workers

Working with occupational health programs, human resources, or identified staff person(s), public utilities should work to tailor the recommendations provided to meet their specific needs and situations. Resources located on this website can be instrumental in helping public utilities develop plans to safely operate and limit the transmission of COVID-19 among employees - [Businesses and Employers: COVID-19 - Minnesota Dept. of Health](https://www.health.state.mn.us/diseases/coronavirus/businesses.html).

In all work situations and roles, employee screening and encouraging sick employees to seek COVID-19 testing and remain home are the most important steps to reduce the risk of COVID-19 transmission at work. For operations in a public utility, the screening recommendations will be similar to other worksites. Physical and operational changes to accommodate distancing are second in importance. Routine use of cotton masks or disposable face coverings, and other personal protective equipment is also very important. This checklist provides guidance: [General Industry Guidance | Employer Preparedness Plan Requirements Checklist](https://mn.gov/deed/assets/general-industry-guidance-ACC_tcm1045-432880.pdf).

[COVID-19 Employee Screening and Testing Recommendations for Industry](https://www.health.state.mn.us/diseases/coronavirus/busiscreentest.pdf) outlines the effective employee screening recommended by the Minnesota Department of Health.

### Employees exposed to a positive COVID-19 case

Inevitably, someone in your facility or worksite will test positive to COVID-19. This resource can provide valuable steps to reduce transmission further: [What to do if an employee has COVID-19](https://www.health.state.mn.us/diseases/coronavirus/sickemployee.pdf)

1. If the positive COVID-19 case is a household contact, the employee needs to quarantine for 14 days before returning to work. They cannot enter into a sequestration assignment during this time.
2. If exposure to the positive COVID-19 case was not a household contact, the employee should monitor symptoms carefully, stay home or return home if symptoms begin, and should not be considered for a sequestration assignment for 10 – 14 days.

#### For employees who work remotely, but are not in mission critical positions

**Type 1: Employees who are working remotely**

These employees do not need to be screened unless they come into the office. If they go into the office, then onsite procedures should be followed.

**Type 2: Employees who routinely work ‘in the field’, but are not providing In Home or In Facilities services**

These employees should be screened before their shifts using the five symptom questions identified here, [Employee Screening Questions](https://www.health.state.mn.us/diseases/coronavirus/busiscreentest.pdf). This can be accomplished through a telephone call (radio call?) with a main office staff person, completing a form at the start of their shift, or establishing a buddy screening system, e.g., employees may be paired (remotely) and screen each other.

Employees who answer yes to any of the symptoms, the worker should be isolated, masked, and further evaluated. This evaluation could be done by an occupational health nurse or staff from HR. If none are available, out of an abundance of caution, refer the employee for testing. This form can be used to conduct the enhanced screening: MN Enhanced screening form

**Type 3: Employees providing In Home or In Facilities services**

These employees should be screened before their shifts using the five symptom questions identified in Appendix A. A process similar to Type 2 employees may be used. Employees with any symptoms should NOT enter a home or facility.

Screening of occupants of the building the employee will be providing services in is also recommended. If any occupants have symptoms or are COVID-19 positive, these precautions should be taken:

* If the service can be delayed until the occupant has recovered, then reschedule.
* For all customers, ask occupant(s) to isolate themselves away from the service area, if at all possible.
* Occupants need to wear disposable face coverings or cloth masks.
* Employee should wear a disposable face covering or cloth mask (specifics?) and gloves. Gowns are not as important as cloth masks and gloves.
* When leaving the building, discard gloves in a waste container and apply hand sanitizer until hands can be washed thoroughly with soap and running water.

#### For Employees in Mission Critical positions

**Non-sequestered**

As with other employees, all people in mission critical positions should be screened before every shift.

**Sequestration-‘lite’ or Pods**

Employees who are assigned to teams or pods and work longer shifts should also follow the same process outlined above for all employees. They need to do a daily screening. If anyone is symptomatic, they should get tested for COVID-19. The other members of their POD/Team should be closely monitored for symptoms and tested immediately if symptoms are noted. If the symptomatic individual’s test result is negative, s/he could return to work if feeling well enough.

Asymptomatic testing and quarantine are not suggested for this group.

**Sequestered**

For mission critical employees who will be sequestered, additional steps are recommended to reduce the risk of infection occurring during the sequestration. If possible, due to the need to quarantine themselves before the sequestration assignment, consider a schedule of three weeks on, three weeks off.

1. Employees are recommended to quarantine for 7 days prior to their sequestration shift. To be effective, this means people:
	* Should not leave their homes
	* Should avoid contact with others
	* Should wear disposable face coverings or cloth masks when around household members
	* Ask individuals who are around them to wear disposable face coverings or cloth masks
	* Wash hands frequently
2. Get tested for COVID-19 on Day 5 of the quarantine period. Results may take 2 days or more. If negative, the employee can begin the sequestration. Local public health agencies in each county have a letter that can be provided to medical clinics/health care systems to insure that asymptomatic employees in mission critical positions can be tested.

This will reduce the risk of mission critical staff becoming positive while sequestered, but not eliminate it.

1. During sequestration, conduct intensive screening, which includes asking the five symptom questions and taking temperatures every day. Every employee, every shift.
	* If there are any symptoms, send employee for testing OR arrange for onsite testing to occur.
	* If there is a positive case, assume that all sequestered staff who have worked together are exposed.
	* The whole sequestered team may not need to rotate out even if a member tests positive during sequestration. Continue intensive monitoring and remove people as/if they have symptoms.
	* If the symptomatic individual’s test is negative, s/he could return to work, if feeling well enough to work.

### Single Operator Settings

In utility settings where there is only one operator, it is important to put precautions in place to reduce the potential for COVID-19 infection. It is recommended that the operator conduct a self-screening daily using the questions in Appendix A. A screening also could be conducted as part of the municipal’s screening process, which should also be in place to continue safe government operations.

Single operators should develop a robust Continuity of Operation Plan (COOP). This should include insuring mutual aid agreements are current and people know how to implement them; developing a buddy/partner arrangement with other municipalities, securing contractor agreements, and identifying emergency backups that may include other municipal staff. This should address being out ill for a few days, two weeks, or potentially longer.

Single operators who never encounter another person in the course of performing their job responsibilities may consider working if ill, if they feel well enough (e.g., mild case), however, if there is any chance of being near people, they should stay home and activate their COOP plan.

## Testing

### Recommendations

Public utility workers are considered a priority for testing, including asymptomatic individuals. However, there is limited value to testing asymptomatic people except under specific circumstances. Testing asymptomatic people is only meaningful for the day of the testing. For this reason, asymptomatic testing is going to be an effective tool only for those who need to be sequestered – and then, only if quarantine procedures are strictly followed to reduce the risk of exposure post testing.

The recommendation for sequestered staff is to quarantine for 7 days prior to the sequestration assignment. On Day 5, the employee should be tested. If the results return negative, the employee would be cleared to work. This will reduce the risk of mission critical staff becoming positive while sequestered, but not eliminate it.

***All public utility workers who experience symptoms of COVID-19 should be tested.***

***Employees getting tested should self-isolate until their test results are known.***

### Testing results release form

This template can be used by employees when getting testing: [Template release form](https://www.health.state.mn.us/diseases/coronavirus/materials/busitemp.docx). The public utility logo can be inserted, helping serve as proof that this individual is a priority public utility worker. It also helps the public utility receive more rapid test results.

### Strategies for Testing

Public Utility companies should contact their local health care providers to arrange for testing of employees and payment of testing, particularly for asymptomatic employees.

If there are any difficulties arranging for ongoing testing of any employees who need asymptomatic testing, or medical clinics are willing to test, but lack supplies, there are two resources that can help.

1. The MDH district epidemiologists can also be a resource to work with medical clinics and health care systems to facilitate testing of asymptomatic mission critical staff and symptomatic utility workers. The district epidemiologists are assigned to specific counties. The epidemiologists and their assigned counties are listed in Appendix B.
2. The Local Public Health agency in your county should be contacted (only the cities of Bloomington, Edina, Richfield, and Minneapolis have their own local public health agency). They work closely with their local medical clinics and health care systems and can help explain the priority of public utility workers, both symptomatic and asymptomatic. *MDH has provided local public health agencies with a letter clarifying that public utility workers are a priority for testing (in process – not in place yet)*. To find the local public health agency in your jurisdiction: [Find a local health department or community health board - Minnesota Dept. of Health](https://www.health.state.mn.us/communities/practice/connect/findlph.html)

### Additional Testing Options

Other testing options may become available as testing supplies become more stable. This may include mobile testing options for large clusters of cases. This recommendation document will be updated as testing options increase.

## Coping with COVID-19

Below are a few practical strategies to help your employees deal with the stress of COVID-19:

* Share with staff via email the stress management strategies listed below:
	+ Make time to practice self-care
		- Do things that help you relax
			* Breathe deeply
			* Listen to music
			* Do things you enjoy like sports, hobbies, reading
		- Exercise or move
		- Eat healthy
		- Get enough sleep
		- Try as much as possible to keep a normal schedule
		- Focus on what you can do instead of what you cannot do
		- Take breaks from the news and social media
* Provide the telephone number and online resource website for your company’s EAP.
* Encourage staff to utilize the crisis support services listed below if they need help managing their stress levels.
	+ [SAMHSA Disaster Distress Helpline and Text to Talk line](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.samhsa.gov%2Ffind-help%2Fdisaster-distress-helpline&data=02%7C01%7Cmickey.scullard%40state.mn.us%7C7d7475151c934553f3ce08d8115e0485%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C637278442794549978&sdata=cFAlaPvqAXWKEsrSvxt0RSZDD058q3Pktyv9WrhdW8s%3D&reserved=0)
	+ Crisis Text Line: Text “MN” to 741741
	+ [Adult mental health crisis response phone numbers](https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp)
	Minnesota Mobile Mental Health Crisis Line Call: \*\*CRISIS (\*\*274747).
	For landlines, see the directory for mental health crisis phone numbers in Minnesota by county
	+ [Suicide Prevention Lifeline](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsuicidepreventionlifeline.org%2F&data=02%7C01%7Cmickey.scullard%40state.mn.us%7C7d7475151c934553f3ce08d8115e0485%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C637278442794549978&sdata=7vObr9nNTJliP7f4KfVh2xVoHwJGG3OUGbTMiQfEiwU%3D&reserved=0)
* Additional stress management resources and tools are available at: [MDH Disaster Mental/Behavioral Health and COVIID-19](https://www.health.state.mn.us/communities/ep/behavioral/covid19.html)

## Appendix A

The complete [COVID-19 Employee Screening and Testing Recommendations for Industry](https://www.health.state.mn.us/diseases/coronavirus/busiscreentest.pdf) is available. The five questions to ask are below.

Have you had any of the following symptoms since your last day at work or the last time you were here? Please answer “Yes” or “No” to each question:

1. Fever or feeling feverish?
2. Cough?
3. Shortness of breath?
4. Sore throat?
5. Muscle aches?

Temperature screening can also be included in the initial screening; however, temperature screening alone is not effective. More than 30% of COVID-19 cases do not report fever or feeling feverish. If using infrared temperature screeners upon entry to the facility, they should be set to 99.5° because these devices are often imprecise. Setting to 99.5° reduces the likelihood of missing an individual with a low-grade fever.

## Appendix B

