

Workplace COVID-19 Case and Cluster Guidance for Employers

Document Purpose

Employers play an important role in reducing the potential transmission of COVID-19 in a workplace. The purpose of this document is to help reduce the risk of COVID-19 transmission and keep workplaces safe. This is particularly necessary when employees self-identify as having a positive COVID-19 lab test result, before the workplace may be notified by public health. Note that public health does not usually notify employers about their employees who have been diagnosed with COVID-19. They may consult with the employer if additional information is needed about the employee (e.g. to confirm their close contacts or clarify details that the employee cannot provide), if the workplace needs to take any other measures or if staff need to help reduce the risk of transmission.

This document outlines the steps employers can take after learning about a COVID-19 positive case or cluster in their workplace. Included are guidelines related to:

- notifications about a potential workplace case or cluster
- collection and sharing of basic information related to the case and contacts in the workplace and related to public health
- required cleaning and disinfection procedures
- workplace risk assessments
- return to work procedures
- recommendations and requirements for reporting to the provincial Chief Occupational Medical Officer (COMO)

Employers should encourage their employees to self-report positive COVID-19 test results as soon as possible. This will allow for timely responses and reduce the risk of exposure and further transmission to other employees. Acting quickly also helps to ensure that employees feel informed and supported by their leadership. Although speed is important, it is imperative that health information remain confidential throughout the process. A template has been included to help employers communicate the necessary information to their employees (Appendix 1).

This document is not intended to ask employers to make health decisions, but rather to assist employers in collecting the information public health may need as part of their investigation. In certain higher risk settings, public health is responsible for doing the contact tracing to identify close contacts and isolation requirements. The majority of cases will be required to identify and notify their close contacts of their diagnosis.

Workplaces can use their preliminary information to send employees home to self-isolate while they wait to receive direction from public health. Public health may contact staff to confirm if they are close contacts for a case and to ensure they have the necessary information about self-isolation requirements.

Public health may also communicate with the employer to:

- confirm or correct any actions the employer takes when someone self-identifies as a COVID-19 case
- advise on what should be done at the workplace if public health determines there is a confirmed case

This guidance excludes the health care sector where specific guidelines are already in place.

NOTE: This document does not provide answers for all individual situations. Employers need to consider how to best apply the guidelines to their specific workplace conditions, in consultation with their local regional health authority.

1. Definitions of Workplace Case, Cluster and Outbreak

Case

This is a person that has a lab-confirmed infection with the virus that causes COVID-19.

Workplace Cluster

A COVID-19 cluster is defined as two or more confirmed cases, clustered in time and geographic location, without an epidemiological link (e.g., common exposure or transmission event), or until an epidemiological link is established. A workplace cluster is a concentration of cases within certain place and time parameters.

Outbreak

A COVID-19 outbreak is defined as two or more confirmed cases of COVID-19 epidemiologically linked to a specific setting or location. This definition also excludes cases that are geographically clustered (e.g., in a region, city or town) but not epidemiologically linked, and cases attributed to community transmission.

For high-risk settings, a single case of COVID-19 in a resident, staff or volunteer may be considered an outbreak. High-risk settings include personal care homes, correctional centres and shelters. The case must have worked or lived at the facility during the period of communicability.

Please note that declaration of an outbreak is separate from any of the following:

- a) determination of whether workplace transmission occurred
- b) control measures in the workplace
- c) any stop in operations/workplace closure
- d) public notifications

In certain situations, workplace transmission needs to be highly suspected before an outbreak is declared or there are any considerations to stop operations/close a workplace/notify the public.

In some situations, acquisition event settings outside the workplace that are more likely to lead to transmission (eg household contact, carpooling, situations without stringent PPE use) need to be ruled out first before concluding that transmission most likely occurred in the workplace.

Ideally, workplace transmission is highly suspected before outbreak is declared and must be highly suspected or proven before closure of operations/workplace occurs. Closure of a workplace or stop in operations may occur if a significant and immediate risk is identified within the workplace or the risk assessment needs to be completed. The COMO should be informed of outbreak declarations, closure/stop in operations, or public notifications related to non-public-facing, non-Health Care workplaces.

2. Notification about Potential Workplace Clusters

Employee Notification to Employer

An employee may choose to advise their employer that they have had a positive COVID-19 diagnosis, or that they have been identified as a close contact to someone who has tested positive for COVID-19.

After notification, the employer can also confirm whether the employee or close contacts are isolating. The majority of cases will be required to identify and notify their close contacts of their diagnosis. In certain higher risk settings, public health leads contact tracing for positive diagnoses and will conduct the investigation. However, this may take several days to complete. In the meantime, employers can help reduce risk by immediately isolating employees from the workplace and cleaning and disinfecting any potentially affected areas, based on information the employee has voluntarily given them, while public health completes contact tracing.

Although the employer is not required to gather the information for contact tracing, any information provided by employers has proven to be very helpful in public health investigations and for managing clusters in workplaces, especially in areas affected by a high number of cases.

Public Health Notification to Workplace

Public health may also contact employers if their investigation suggests the potential for transmission in the workplace, or rather that the positive case was at work while infectious.

Public health asks for consent from the affected employee before sharing any identifying data or personal health information with an employer.

To protect personal health information, public health will only advise the employer that an employee has come into close contact with a person confirmed to have COVID-19. An employer may not be given any other identifying or personal health information about the employee, unless the employee has given consent.

Reporting to the Chief Occupational Medical Officer (COMO)

Responding to potential or confirmed workplace outbreaks during COVID-19 is complex because of the many types of workplaces and the socio-economic implications of an outbreak. The Workplace Safety and Health Act defines the role and powers of the COMO in ensuring all provincial workplaces are safe and healthy for employees. Under COVID-19, the COMO must reference and balance both public health and Workplace Health and Safety mandates.

Generally speaking, particularly in relation to non-health care workplaces, the COMO's role is to:

- Consult and lead as needed on risk assessments of workplaces (high, medium or low-risk) and determine what potential actions are required to reduce transmission and risk in workplaces.
- Ensure needed workplace inspections, actions and controls are in place (the COMO to be engaged in coordination when the cases involve high-risk groups; see Appendix 2: Workplace Risk Assessment).
 - Note: The COMO's priority work under COVID-19 particularly targets high-risk workplaces and workers, such as food processors, complex worker groups (e.g. work camps, Temporary Foreign Workers, truckers, Colonies with meat processing), and less public-facing workplaces, where Workplace Safety and Health inspections are required.
 - Public health Inspectors are typically less engaged in non public-facing workplaces. However, joint inspections (public health and Workplace Safety and Health) are regularly arranged through the COMO when required.
- Chair high-risk workplace case management meetings and aid in coordination and problem solving in relation to a wide range of concerns when workplace acquisition or transmission is suspected, or when workplace transmission has significant socio-economic implications for Manitoba or Canada.

- Provide consultation in relation to case or cluster management, as required or requested by public health units, or as appropriate, if requested by partners and colleagues in government or industry.
- Advise on workplaces where Occupational Safety and Health is federally regulated. The COMO also helps navigate and address any cross-jurisdictional conflicts or uncertainties to ensure Manitoba public health requirements and concerns are addressed. Cross-jurisdictional issues impact a number of types of workplaces including, in some instances worksites employing members of Indigenous communities.

Employers must report to Dr. Denise Koh, COMO, at COMO@gov.mb.ca (Agrifood employers should also cc AgriFoodCovid19@gov.mb.ca) if their workplace meets any of the following criteria:

- Two or more COVID-19 positive employee, client or patron cases have been identified within a two-week period.
- Workplace COVID-19 transmission is suspected or confirmed.
- It is determined that the workplace is medium or high-risk for COVID-19 transmission (see Appendix 2: Workplace Risk Assessment).
- Any cases in a Temporary Foreign Worker (TFW), Food Processing facility, Work camp, or transportation worker have occurred.
- A closure of the Workplace or a major change in operations is considered or planned.
- Medical surveillance is required or requested.
- Public media communications related to cases involving the workplace are occurring or are planned.

Employers should follow the instructions in the [Employee Under Investigation and Case Summary \(EUICS\) Guideline](#) to enter the information into the [EUICS Template](#) and email the completed template to Dr. Koh at COMO@gov.mb.ca.

3. Case and Cluster Investigations

Step 1: Collect Basic Information

If an employee has self-identified to their employer that they are positive for COVID-19, employers should attempt to collect as much information about the employee's general whereabouts in the workplace during the period of communicability or infectiousness as possible. It is particularly useful to determine whether the most likely acquisition type was within the workplace or not. Period of acquisition is 14 days before and up to case's first symptom, or collection date of positive test if no symptoms. This step can be completed without delay, as it will help with reducing virus transmission. Please follow the instructions in the [Employee Under Investigation and Case Summary \(EUICS\) Guidelines](#) to enter the information into the [EUICS Template](#) and email the completed template to Dr. Koh at COMO@gov.mb.ca.

In accordance with privacy laws, the employer must ensure the employee's personal health information related to COVID-19, or any other health condition, remains confidential. Personal information collected for contact tracing can only be used for this purpose, unless an individual provides their consent.

Public health may seek information outlined in the [EUICS Template](#) and described in the associated Guideline. Any information the employer may have related to the EUICS guideline and template could be extremely helpful to accelerate contact tracing.

Step 2: Determine if Exposure May Have Taken Place at the Workplace

The employer may assess workplace risk by determining if the employee was at the workplace and had close contacts during the period of communicability or infectiousness:

- **Period of Communicability/Infectiousness:** This is from 48 hours before onset of the first symptom (or collection date of positive test if no symptoms) to when public health deems the case is no longer infectious.

- Usually, a case is not considered infectious after 10 days past diagnosis, as long as the case is clinically improving and was not hospitalized.
- **Close contacts:** These are contacts who have spent 10 minutes or more, cumulatively, over a day, at less than two metres physical distance from the case without appropriate PPE or masks. [A more aggressive approach to identify contacts may be explored at the discretion of public health during an outbreak/cluster at a workplace.](#)

If exposure may have taken place in the workplace, employers should continue to the interim notification process outlined below (see Step 3).

Employers can advise the positive employee to isolate, clean and disinfect any potentially affected areas and wait for further direction from public health, if any.

NOTE: If there is no evidence of workplace exposure, public health usually will not contact the employer. Communication regarding the positive case to the workplace is generally not required.

Step 3: Identify Close Contacts

To support public health in contact tracing, employers can begin to identify close contacts in the workplace. The EUICS Template and its associated Guideline can be used for collecting information (as previously outlined). Employers are encouraged to maintain attendance records of all employees and clients (e.g., a patron's log) when possible. Any type of worker cohorting practices and records will also be helpful. The employer can then start a list of people that the employee spent prolonged time with in close quarters. When a person self-identifies as positive for COVID-19 to a manager, the manager can ask the employee directly for information such as:

- All locations where the employee has worked on-site (all workspaces)
- All common areas the employee has used, such as stairwells, elevators, meeting rooms, lunchrooms or washrooms
- Places and people the employee visited on lunch or coffee breaks (e.g. smoking areas)
- Meetings the employee attended with others or group work activities
- Potential exposures to coworkers outside the workplace (e.g. household, carpool, social activities and events)

A **close contact** is defined as an individual who was within less than two metres (six feet) from the positive case, for at least 10 minutes cumulative over a day. Individuals who had potential direct contact with infectious body fluids or close contact such as close face to face interaction without a mask, hugging, kissing, or handshaking; sharing of items such as food, drinks, eating utensils, cigarettes/vapes; personal items etc., even if the duration was less than 10 minutes, would also be considered a close contact.

Note that individuals wearing a non-medical mask are still considered a close contact if they meet the above definition. This information will be verified by public health.

A more aggressive approach to identify contacts may be explored at the discretion of public health during an outbreak/cluster at a workplace.

Step 4: Advise Case and Contact(s)

The employer can advise the positive case to [self-isolate](#) and wait for public health to contact them.

- Employers should advise identified potential close contacts to go home, self-isolate (quarantine) and wait for public health to contact them for further direction.

- If employers are unsure, it is reasonable to advise employees to self-isolate (quarantine) until contacted by public health. Once contacted, public health will complete the investigation and give management recommendations

If employers have any questions, they are encouraged to contact Dr. Denise Koh, the Chief Occupational Medical Officer, at denise.koh2@gov.mb.ca or their regional public health unit.

Step 5: Clean and Disinfect

The duration of cleaning and disinfection time will vary, depending on the size and complexity of the organization's workplace. Ensure all disinfectants used are approved by Health Canada to be effective against COVID-19. Employees will be notified when they are able to return to the workplace. However, work-from-home arrangements should be made available to employees, when possible, to decrease opportunities for virus transmission.

See Appendix 2 of the document, [Guidance for Manitoba Businesses if an Employee Tests Positive for COVID-19](#) for public health's cleaning and disinfection guidelines, including a link to Health Canada's [approved disinfectants](#).

Step 6: Share Information within the Workplace

Manager or Supervisor Notifies Upper Management

Managers or supervisors who are made aware of a COVID-19 case should notify, where applicable, upper management while maintaining the privacy and confidentiality of employees' and patrons' personal health information at all times. If necessary, use non-descript language if notifying others that a person who was in the workplace, floor or area was infected or exposed to COVID-19. A manager or supervisor should only share the minimum identifying information required with only those who absolutely need to know.

Manager or Supervisor to Notify Close Contacts

Managers or supervisors of close contacts may advise the employee(s) that management has determined they have been in contact with a person confirmed to have COVID-19. The manager or supervisor may ask the employee(s) to go home and self-isolate for 14 days, and advise that public health may be in touch with them as part of contact tracing. Work-from-home arrangements should be made where possible. Managers or supervisors will close or put up appropriate signage (e.g. closed for cleaning) when areas or offices must be temporarily vacated because a case or close contact worked in that area.

If the employee is off-site and needs to collect personal items from the workplace, work area or office, the manager can collect the items and make pick-up arrangements to prevent the employee from having to re-enter the building. Public health fundamental hygiene practices and cleaning and disinfection guidelines must be followed when collecting staff's personal belongings.

Employer Notifies Maintenance and Cleaning Personnel (where applicable)

For larger operations, the employer will share information sufficient to ensure that maintenance and cleaning personnel are made aware of the areas required to be cleaned and disinfected, in accordance with public health guidelines, as a result of a COVID-19 positive case or close contact.

For smaller operations, the employer will need to determine and confirm areas that will be vacated for cleaning, the length of time required and any signage needed. The manager or person(s) cleaning will need to ensure they are following proper cleaning and disinfection practices in accordance with public health guidelines.

Refer to Step 5: Clean and Disinfect, and Appendix 2 of [Guidance for Manitoba Businesses if an Employee Tests Positive for COVID-19](#) for public health's cleaning and disinfection guidelines, including a link to Health Canada's approved disinfectants.

Employer Communication with Employees

The employer may communicate the potential exposure to employees who may have been exposed. The employer will also advise on the work site(s) or areas that will be vacated for cleaning and disinfection. Managers or supervisors will contact other employees to ensure they do not inadvertently enter the work site(s) or areas before or during cleaning and disinfection.

See [Appendix 1](#) for a sample communication.

4. Return to Work

Cases and close contacts do not require a negative test to return to work. If cases no longer have a fever and their condition has improved for 24 hours, they can stop isolation as early as 10 days from the start of symptoms. Public health will be in contact to provide direction on when it is safe to stop isolating.

Close contacts can stop self-isolating 14 days after their last known contact with a confirmed case. Public health will advise close contacts of testing options and potential isolation requirements of the contact's household contacts.

The employer representative, manager or supervisor should remain in contact with the employee(s) and make any required modified work arrangements. The employer should enhance cleaning and disinfection in the workplace. The employer, manager or supervisor should confirm whether the employee(s) have been informed by public health that they can stop self-isolating before allowing employee(s) to return to work. Employers should ensure employee(s) have the support they need to complete their work duties at home or in the workplace and follow up with managers as required.

Note: Public health officials strongly recommend that businesses allowed to remain open make operational changes where possible, including allowing employees to work from home.

5. Workplace Inspections

Workplaces are encouraged to use the [Workplace Self-Assessment Checklist](#) for COVID-19 and the [Workplace Guidance](#) to ensure their pandemic plans and control measures are in place.

The Manitoba Health Protection Unit (HPU; i.e public health inspection; focus on public-facing workplaces), the Workplace Safety and Health Branch (WSH; focus on non-public-facing workplaces under provincial OSH jurisdiction), or other agencies authorized to enforce orders under the Public Health Act may attend the workplace to conduct an inspection. For certain higher risk workplaces, or where warranted under COVID-19, they may at times work collaboratively to conduct joint inspections and may facilitate or assist with federal OSH inspections.

In addition to the requirements of the Public Health Act, Manitoba has occupational safety and health laws that apply to businesses. The majority of workplaces in Manitoba are under the provincial jurisdiction of The Workplace Safety and Health Act for occupational safety and health matters. These laws are enforced by Workplace Safety and Health. Information about Workplace Safety and Health and its enforcement strategy as it pertains to COVID-19 can be found at: www.manitoba.ca/labour/safety.

Workplace Safety and Health officers will ensure employers have assessed high-risk tasks, considered high-risk category workers and implemented reasonable control measures to reduce risk to workers. Control measures may include:

- health screening before entering the workplace
- review of ventilation equipment and practices
- enhanced sanitation and hygiene practices
- social distancing
- barriers and worker cohorts
- protective equipment
- sick leave protocols
- worker training

For inquiries, contact the Workplace Safety and Health Branch as follows:

- Email Client Services at wshcompl@gov.mb.ca
- Call 204-957-SAFE (7233) #1 to speak directly to Client Services

Health Protection Unit (HPU)

The Health Protection Unit is staffed by public health inspectors, and are tasked with ensuring that the public is adhering to the Public Health Orders. They investigate complaints from the general public about businesses and individuals that might be in violation of the COVID-19 prevention orders, as well as visiting and following up on reports of individuals not self-isolating. They also educate businesses and the public about the steps they need to take to ensure compliance with orders made under The Public Health Act.

For inquiries, contact HPU as follows:

- Email Client Services at healthprotection@gov.mb.ca
- Call 204-945-4204, to speak directly to client service. Please leave a message if you get voice mail.

Employers who have questions or concerns regarding COVID-19 in their workplace should reach out to public health or Workplace Safety and Health for guidance.

Please email completed EUICS Templates to Dr. Koh at COMO@gov.mb.ca. Specific or further questions related to this Guidance should be sent to Dr. Koh at denise.koh2@gov.mb.ca.

Appendix 1: Sample memo notifying employees or the public of a positive case in the workplace

An Important Update

<<DATE>>

Today, we were notified that one of our staff or patrons has been confirmed to have the COVID-19 virus. At this time, the employee is in self-isolation.

We're assisting provincial public health officials in their investigation. People identified as close contacts (having spent a cumulative total of 10 minutes or more over a 24-hour period within less than six feet/ two metres; a more aggressive approach to identify contacts may be used at the discretion of public health during an outbreak/cluster) at a workplace of the confirmed case may be contacted by public health officials.

We are currently taking all necessary precautions to reduce the risk of COVID-19 transmission in the workplace and ensure the safety of our employees and visitors/customers.

We do know that COVID-19 is a risk in our communities. We encourage everyone to take precautions and follow key public health fundamentals, including:

- staying home if you're sick, even if symptoms are only mild
- washing your hands at least 15 seconds or using an alcohol-based hand sanitizer
- practicing proper cough etiquette and maintaining physical distancing when you do have to go out

Manitoba public health orders can be found at www.manitoba.ca/covid19/protection/soe.html

More information on COVID-19 can be found at www.manitoba.ca/covid19.

As your employer, we want to let you know that we are here to support you and answer any additional workplace-related concerns and questions during this difficult time.

Thank you,

<<OWNER>>

Appendix 2: Workplace Risk Assessment

Determining Workplace Risk as Low, Medium or High

Table 1 provides guidance in designating the level of risk within a workplace according to cluster, workplace, and worker factors.

Table 1. Workplace Cluster Assessment Factors by Risk level

Factors		Low	Medium	High
Cluster	Case(s)	<ul style="list-style-type: none"> Low number, sporadic cases not connected at the workplace in space and time isolation recommendations does not affect staffing capacity. Only 1 controllable cohort affected Incidence \leq Epidemiology in community 	<ul style="list-style-type: none"> Medium number, potential for cases to have been connected in space and time at the workplace Few cohorts affected and linked Staff and public/client population affected Increasing % of workforce ill or isolating Incidence > community epidemiology 	<ul style="list-style-type: none"> Higher % of workforce ill or isolating Number of cases and contacts requiring isolation close to or exceeds minimum operations High likelihood cases connected in space and time at the workplace Many cohorts affected Incidence > community epidemiology
	Exposures in Workplace	<ul style="list-style-type: none"> Low to no cases attended work during period of communicability limited number of contacts requiring isolation All cases and contacts isolating from work 	<ul style="list-style-type: none"> Cases may have attended work during period of communicability high number of contacts per case 	<ul style="list-style-type: none"> Numerous cases attended work during case period of communicability (48h before after first symptom OR positive COVID-19 test, if asymptomatic until isolation) with high number of close contacts in the workplace per case
	Acquisition Type	<ul style="list-style-type: none"> No evidence of workplace transmission Links to cases outside workplace 	<ul style="list-style-type: none"> Higher proportion of unknown or pending acquisitions High number of contacts during period of communicability of case, Suspect workplace transmission 	<ul style="list-style-type: none"> Evidence of workplace transmission meets definition of outbreak
Workplace	Location	<ul style="list-style-type: none"> Localized community or district affected (village or town affected) Example: Urban 	<ul style="list-style-type: none"> City/RHA/RM affected Potential stop in operations contained within 1 RHA Example: Rural 	<ul style="list-style-type: none"> Multiple RHAs, RMs, cities, province, national, international areas affected Cease in operations could result in major economic, global market implications to Manitoba Examples include: First Nations, remote communities, communal living

Workplace (cont.)	Essential/ Vital/Critical Service Provider	<ul style="list-style-type: none"> Not a CSP/Essential Service or low to no staff meet criteria for CSP/E/V workers 	<ul style="list-style-type: none"> Medium proportion of staff are vital/CSPs public notification may be required 	<ul style="list-style-type: none"> Essential/Vital/Critical Service Provider or High proportion of staff are vital Workers, CSPs, Essential, Frontline
	Congregate Settings	<ul style="list-style-type: none"> No or Low likelihood of congregation of people 	<ul style="list-style-type: none"> Congregate setting, but control measures are in place and physical distancing can be maintained 	<ul style="list-style-type: none"> Congregate setting where controls aren't or are difficult to be maintained longer duration of congregation in the workplace such as in work camps, shelters, care facilities, corrections
	Staff Size	<ul style="list-style-type: none"> Small (< 20 Workers) 	<ul style="list-style-type: none"> Medium (> 20 Workers) 	<ul style="list-style-type: none"> Large (> 50 Workers)
	Control Measures	<ul style="list-style-type: none"> Inspections have been done recently for COVID-19 prevention and full compliance. Control measures in place Recommendations/Minor improvements to control measures being worked on 	<ul style="list-style-type: none"> Inspections have been done, outstanding compliance orders. Contact has not been made with any inspection services, but able to maintain physical distancing throughout workplace 	<ul style="list-style-type: none"> Inspection has not been done by HPU or WSH. Unable to maintain physical distancing throughout workplace. Difficulty maintaining control measures Compliance concerns.
Workers	Vulnerable Population	<ul style="list-style-type: none"> Minimal to no close contact with coworkers outside workplace. Low numbers of TFWs/new Manitobans. No language barriers, fully able to understand and follow PH orders Few if any non-English speaking workers Negligible high-risk and no vulnerable workers identified (see definitions/criteria; unvaccinated or partially vaccinated; self-identify as BIPOC or lower socioeconomic status) No special housing or carpooling risks identified 	<ul style="list-style-type: none"> Medium likelihood of close contact with coworkers outside workplace (eg carpooling, household members etc) English as a Second Language Some TFWs/new Manitobans where special considerations required Small proportion non-English speakers Small number of identified high-risk or vulnerable workers (see definitions/criteria; unvaccinated or partially vaccinated; self-identify as BIPOC or lower socioeconomic status) Few individuals in communal/congregate living Casual car-pooling arrangements identified among cases 	<ul style="list-style-type: none"> High likelihood of close contact with coworkers outside workplace (workers who carpool, live, socialize/ attend large gatherings together work camps) Language/Communication barriers High numbers of TFWs/new Manitobans High proportion of workers not English speakers, systemically marginalized, and/or racialized High proportion of vulnerable or high-risk workers identified (see definitions/criteria; unvaccinated or partially vaccinated; self-identify as BIPOC or lower socioeconomic status)

Workers (cont.)	Contact Frequency	<ul style="list-style-type: none"> Workers are not in frequent or close contact with other workers. Low or no contact with public/clientele/non-workers 	<ul style="list-style-type: none"> Frequent contact with possibly asymptomatic persons or with other workers. Examples include schools, high volume retailers such as grocery stores Some contact with public/clientele, but not if part of high-risk vulnerable groups 	<ul style="list-style-type: none"> Jobs where AGMPs may be performed (eg care homes) Jobs where frequently outside Manitoba/Canada, but exempt from self isolation due to nature of work (eg transportation workers) high travel Public facing Medium to high likelihood of vulnerable clientele.
	Worker Cohorts	<ul style="list-style-type: none"> Small manageable cohorts maintained 	<ul style="list-style-type: none"> Larger Cohorts 	<ul style="list-style-type: none"> Large number/proportion of un-cohorted staff. No documentation of close contacts within the workplace significant mixing of staff with high number of co-worker contacts.

Appendix 3: Guidance for Manitoba Businesses if an Employee Tests Positive for COVID-19

https://manitoba.ca/asset_library/en/covid/guideline_employee_tests_positive.pdf

Appendix 4: Workplace Guidance for Business Owners

<https://www.manitoba.ca/covid19/restoring/guidance.html>

Appendix 5: Workplace Self-Assessment Checklist for COVID-19

https://manitoba.ca/asset_library/en/covid/workplace-self-assessment-tool.pdf

Appendix 6: Frequently Asked Questions (FAQs)

1. **What if a COVID-19 positive employee tells me about other contacts in a workplace that they recently transferred from or were in contact with?**
 - a. Provide that information in the EUICS Template to the COMO and to public health when they reach out to you.
 - b. Contact the employer from the workplace or site from which the employee has transferred, and ensure all close contacts self-isolate (quarantine).
2. **What if an employee tested positive for COVID-19 on November 14 and they had the test done on November 12? When would the communicable period begin if they had no symptoms?**
 - a. The communicable period begins 48 hours prior to first symptom onset. If they had no symptoms, the communicable period begins 48 hours before the time the positive test sample was collected. Therefore, if the employee had no symptoms, then the communicable period starts November 10 and continues until the case is no longer considered infectious (typically 10 days after diagnosis).

What if they had symptoms beginning on November 11?

- b. If they did have symptoms beginning on November 11, then the communicable period starts November 9 and continues until 10 days after November 11 (Nov. 21).

3. Why do contact tracing?

- a. COVID-19 is contagious. It can spread from a case to their close contacts. One strategy to stop the spread of COVID-19 is to locate the close contacts and have them self-isolate (quarantine). That way, if those close contacts develop COVID-19, they will not spread it further because they will already be in self-isolation (quarantine). Other strategies focus on optimizing vaccination and treatment of COVID-19 illness.

4. Why not wait for public health?

- a. As public health strategies have shifted from contact tracing to vaccination and treatment optimization, you will likely hear about a case before public health reaches out to you, if they do. This guidance document outlines the steps and actions you can take now to help reduce virus transmission in your workplace.

5. Shouldn't a public health investigator be doing this?

- a. As public health strategies have shifted from contact tracing to vaccination and treatment optimization, workplaces and workers will play a role in case and contact management. You know your workplace and your employees better than public health. This knowledge is essential and will help accelerate the investigation.

6. Can I ask my employees for help? I'm not sure exactly what happens in each location.

- a. You can talk to other employees if you're not sure. You can ask employees about what happened and determine who they think is a close contact.

7. What information about the case can I share with others?

- a. Information should be shared only on a need-to-know basis.
- b. Particulars of the case, such as name, may not be shared with anyone that is not involved in helping with the investigation. Examples of those who may be involved in the investigation include the

employee who is the positive case, management, and those employees directly involved with the positive case. Use discretion as needed.

- 8. A manager or supervisor at the workplace tested positive for COVID-19. They worked all over the facility – does that make everyone in the facility a close contact?**
 - a. No. Work through Step 3 and see who meets the definition of a close contact. A more aggressive approach to identify contacts may be used at the discretion of public health during an outbreak/cluster at a workplace.
- 9. What if we are not sure if the total time of contact was 8 minutes or 12 minutes?**
 - a. If there is uncertainty on the exposure time, err on the side of caution and include that person as being a contact.
- 10. What if the positive employee carools to work with other employees?**
 - a. If the car ride was 10 minutes or more, and PPE/masks were not consistently and appropriately worn for the duration, all in the car would be considered close contacts.
A more aggressive approach to identify contacts may be used at the discretion of public health during an outbreak/cluster at a workplace.