HRInsights

Brought to you by **TechServe Alliance**

CDC Guidance Regarding COVID-19 Testing Scenarios

As COVID-19 cases begin to spike throughout parts of the country, employers are looking for ways to keep employees safe. According to the Centers for Disease Control and Prevention (CDC), employers may utilize employee testing as part of a comprehensive approach to reducing the spread of COVID-19 in the workplace.

To assist employers in understanding the appropriate use of this testing, the CDC recently issued guidance regarding COVID-19 testing scenarios. The CDC's guidance is intended to supplement—not replace—federal, state and local mandates regarding the COVID-19 pandemic. This article provides an overview of each of the five scenarios as described by the CDC.

Pre-testing Considerations

Prior to adding testing to your organization's approach to limiting the spread of COVID-19, it's crucial to understand the following:

- **Differences in tests**—There are two tests being used in response to the COVID-19 pandemic:
  - **Antibody tests**—Antibody tests may be used to detect past COVID-19 infection. These tests can't be used to detect current infection and are not recommended for the five scenarios described in this article.
  - **Viral tests**—Viral tests may be used to diagnose current COVID-19 illness.

- **Employee education**—Employers should ensure that employees understand the reasons for testing and how the company will use the results to prevent further spread of COVID-19. Specifically, employees should be aware of the following:
  - **Testing specifics**—Employees should know the manufacturer and name of the viral test, the type of test, who will pay for the test, consequences for refusing to be tested and how the test will be performed.
  - **Testing results**—Employees should know how to interpret results of the test, actions associated with a negative or positive test, and how the results will be used.

In addition to the above considerations, employers should provide patient fact sheets to employees in accordance with the viral tests as part of the test's emergency use authorization.

Testing Individuals With Signs or Symptoms Consistent With COVID-19

Employers may consider conducting daily in-person or virtual health checks (e.g., symptom and/or temperature screening) to identify employees with

signs or symptoms consistent with COVID-19 before they enter a facility, in accordance with the CDC's General Business FAQs. Employers should follow guidance from the Equal Employment Opportunity Commission (EEOC) regarding confidentiality of medical records from health checks.

Workers with COVID-19 symptoms should be immediately separated from other employees, customers and visitors, and sent home or to a health care facility, depending on how severe their symptoms are, and follow CDC guidance for caring for oneself. To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Consistent with the CDC's recommendations, workers with COVID-19 symptoms should be referred to a health care provider for evaluation and potential testing. Waiting for test results prior to returning to work is preferred to keep potentially infected workers out of the workplace.

Employers are encouraged to implement flexible sick leave and supportive policies and practices as part of a comprehensive approach to prevent and reduce transmission among employees. The Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. Employers with fewer than 500 employees are eligible for 100% tax credits for FFCRA COVID-19 paid leave provided through Dec. 31, 2020, up to certain limits.

Positive test results using a viral test indicate that the employee has COVID-19 and should not come to work and should isolate at home. Decisions to discontinue home isolation for workers with COVID-19 and allow them to return to work may follow either a symptom-based, time-based or test-based strategy.

Testing Asymptomatic Individuals With Recent Known or Suspected Exposure to COVID-19

Case investigation is typically initiated when a health department receives a report from a laboratory of a positive viral test result or a report from a health care provider of a patient with a confirmed or probable diagnosis of COVID-19.

Viral testing is recommended for all close contacts of persons with COVID-19. Because of the potential for asymptomatic and pre-symptomatic transmission of COVID-19, it is important that individuals exposed to people with known or suspected COVID-19 be quickly identified and quarantined. Viral testing can detect if these individuals are currently infected. The health department may reach out to the employer for assistance in identifying close contacts of the worker as well as possible contacts. Employers are encouraged to work with public health departments investigating cases of COVID-19 and tracing contacts to help reduce the spread in their workplaces and communities.

Because there may be a delay between the time a person is exposed to the virus and the time that virus can be detected by testing, early testing after exposure at a single time point may miss many infections[1]. Testing that is repeated at different points in time, also referred to as serial testing, may be more likely to detect infection among close contacts of a COVID-19 case than testing done at a single point in time.

Even if close contacts are monitored with serial testing, it is critical that they strictly adhere to other preventive measures including social distancing and wearing cloth face coverings for source control if the hazard assessment has determined that they do not require personal protective equipment such as a respirator or medical face mask for protection, and practicing hand hygiene.

Testing may also be considered for possible close contacts of persons diagnosed with COVID-19 in collaboration with the local health department if resources permit. A risk-based approach to testing possible contacts of a person with confirmed COVID-19 may be applied. Such an approach should take into consideration the likelihood of exposure, which is affected by the characteristics of the workplace and the results of contact investigations. In some settings, broader testing (i.e., testing beyond individually identified close contacts to those who are possible close contacts), such as targeting workers who worked in the same area and during the same shift, may be considered as part of a strategy to control the transmission of COVID-19 in the workplace. The rationale is that identification of contacts may be imprecise. High-risk settings that have demonstrated potential for rapid and widespread dissemination of COVID-19 include:

- High-density critical infrastructure workplaces
- Workplaces where employees live in congregate settings (e.g., fishing vessels, offshore oil platforms, farmworker housing or wildland firefighter camps)
- Workplaces with populations at risk for severe illness if they are infected, such as nursing homes

Employers are encouraged to consult with state, local, territorial and tribal health departments to help inform decision-making about broad-based testing.

If employees are tested after close contact or possible close contact with someone who has a confirmed or probable diagnosis of COVID-19, care should be taken to inform these employees of their possible exposure in the workplace while maintaining confidentiality of the individual with COVID-19, as required by the Americans with Disabilities Act (ADA) and consistent with EEOC guidance regarding What You Should Know About COVID-19 and the ADA, the Rehabilitation Act and Other EEO Laws.

Testing Asymptomatic Individuals Without Known or Suspected Exposure to COVID-19 for Early Identification in Special Settings

Viral testing of workers without symptoms may be useful to detect COVID-19 early and stop transmission quickly, particularly in areas with moderate to substantial community transmission. When communities experience moderate to substantial transmission, workplace settings for which these approaches may be considered include:

- Workplaces where physical distancing is difficult and workers are in close contact (within 6 feet for 15 minutes or more) with co-workers or the public
- Workplaces in remote settings where medical evaluation or treatment may be delayed
- Workplaces where continuity of operations is a high priority (e.g., critical infrastructure sectors)
- Workplaces providing congregate housing for employees (e.g. fishing vessels, offshore oil platforms, farmworker housing or wildland firefighter camps)

Approaches may include initial testing of all workers before entering a workplace, periodic testing of workers at regular intervals, and/or targeted testing of new workers or those returning from a prolonged absence. Several factors may be helpful in determining the interval for periodic testing, including:

- The availability of testing
- The latency between exposure and development of a positive COVID-19 viral test
- Businesses that fall into one of the workplace categories described above
- The rate or change in rate of people getting infected in the surrounding community
- How many employees tested positive during previous rounds of testing
- Your relevant experience with workplace outbreaks

State, local, territorial and tribal health departments may be able to provide assistance on any local context or guidance impacting the workplace. Before testing a large proportion of asymptomatic workers without known or suspected exposure, employers are encouraged to have a plan in place for how they will modify operations based on test results and manage a higher risk of false positive results in a low-prevalence population.

Testing to Determine Resolution of Infection

The decision to discontinue home isolation and return to work for employees with suspected or confirmed COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy), time-based or test-based strategy. Viral tests have detected viral RNA in some people's respiratory samples after they have recovered from COVID-19. Prolonged viral shedding has been demonstrated without direct correlation with replication-competent virus. The determination of which strategy to use should be made in consultation with health care providers and public health professionals.

Under the ADA, employers are permitted to require a health care provider's note to verify that employees are healthy and able to return to work. However, as a practical matter,

employers should be aware that health care provider offices and medical facilities may be extremely busy during periods of community transmission of COVID-19 and may not be able to provide such documentation in a timely manner. In such cases, employers should consider not requiring a health care provider's note for employees who are sick to validate their illness, qualify for sick leave or to return to work. Most people with COVID-19 have mild illness, can recover at home without medical care and can follow CDC recommendations to determine when to discontinue home isolation and return to work.

Public Health Surveillance for COVID-19

Testing is considered to be surveillance when conducted to detect transmission hot spots, or to better understand disease trends in a workplace. These goals are consistent with employer-based occupational medicine surveillance programs. Occupational medicine surveillance programs may use testing to assess the burden of COVID-19 in the workforce, assess factors that place employees at risk for workplace acquisition of COVID-19 or evaluate the effectiveness of workplace infection control programs. Surveillance should only be undertaken if the results have a reasonable likelihood of benefiting workers.

More Information

For more information regarding testing scenarios or other CDC guidance, click here. For additional resources on how to manage COVID-19 at work, contact TechServe Alliance today.

Source: CDC