COVID-19:
Considerations for Screening, Testing, and Contact Tracing in Non-Healthcare Workplaces

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Disclaimer

- The information covered in this presentation is not exhaustive and it is meant to convey the critical information businesses should use when developing plans for screening and testing workers in the setting of COVID-19 occurring among workers or in the surrounding community.


- The information in this presentation is current as of August 11, 2020.
Coronavirus Disease 2019 (COVID-19)

Businesses and Workplaces

Plan, Prepare, and Respond

If You’re Open

Screening for COVID-19 in the Workplace
COVID-19 Screening: Considerations

- Screening employees for fever and other symptoms is an optional strategy.
- Prior to implementing screening, ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Screening will not be completely effective because asymptomatic individuals or individuals with mild non-specific symptoms may not be identified through screening.
- Screening is not a replacement for other protective measures such as social distancing or wearing a mask.
COVID-19 Screening: Self-screening

- Consider encouraging individuals planning to enter the workplace to self-screen prior to coming onsite and to stay at home if any of the following are present:
  - Symptoms of COVID-19,
  - Fever > 100.4°F*,
  - Are under evaluation for COVID-19 (for example, with recent pending test), or
  - Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation
  - Live in a household with someone with presumed or diagnosed COVID-19

* A lower temperature threshold (e.g., 100.0°F) may be used, especially in healthcare settings.
COVID-19 Screening: In-person Screening

- If implementing in-person health checks, conduct them **safely and respectfully**.
- Maintain **social distancing** guidelines.
- Follow guidance from the Equal Employment Opportunity Commission regarding **confidentiality of medical records** from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings **as private as possible**.
  - Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual’s medical status and history.
COVID-19 Screening: Protection of Screeners

- There are several methods that employers can use to protect the employee conducting the temperature screening.

- The most protective methods incorporate:
  - **Social distancing** (maintain distancing of ≥6 feet from others),
    - Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace.
  - **Physical barriers** to eliminate or minimize the screener’s exposures due to close contact with a person who has symptoms during screening.
    - Recommended protocol available for measuring temperatures this way, including hand hygiene and glove use

- If social distance or barrier controls cannot be implemented during screening, PPE can be used when the screener is within 6 feet of an employee during screening.
Testing for COVID-19: Considerations for Non-Healthcare Workplaces
COVID-19 Testing

- Two kinds of tests are available for COVID-19: viral tests and antibody tests.
  - A viral test tells you if you have a current infection.
  - An antibody test tells you if you had a previous infection. Antibody test results should not be used to make decisions about returning persons to the workplace.
- CDC has guidance for who should be tested.
  - Symptomatic workers are encouraged to be evaluated for testing to limit transmission in the workplace and the community.
  - Decisions about testing may involve by state and local health departments or healthcare providers.
  - Most people have mild illness and are able to recover at home without medical care.
Employees Undergoing Testing Should Receive Clear Information On:

- The manufacturer and name of the test, the type of test, the purpose of the test, the reliability of the test, any limitations associated with the test, who will pay for the test, and how the test will be performed, and

- How to understand what the results mean, actions associated with negative or positive results, who will receive the results, how the results may be used, and any consequences for declining to be tested.

- Individuals tested are required to receive patient fact sheets as part of the test’s emergency use authorization
SARS-CoV-2 Testing

Categories for SARS-CoV-2 testing with viral tests:

- Testing individuals with signs or symptoms consistent with COVID-19
- Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission
- Testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification in special settings
- Testing to determine resolution of infection in unique settings
- Public health surveillance for SARS-CoV-2
Testing to Determine Resolution of Infection

- Most people do not require testing to decide when they can be around others

- You can be around others after:
  - 10 days since symptoms first appeared and
  - 24 hours with no fever without the use of fever-reducing medications and
  - Other symptoms of COVID-19 are improving

- Persons who are severely immunocompromised may require testing to determine when they can be around others
Rationale for Testing Asymptomatic People

- SARS-CoV-2 is very contagious due to high level of shedding in the upper respiratory tract through coughs and sneezes
- Pre-symptomatic people are infectious 1 to 3 days before symptom onset
  - Up to 40 to 50% of cases may be attributable to transmission from asymptomatic or pre-symptomatic people
- Asymptomatic transmission is the Achilles’ heel of COVID-19 control
  - Various population surveys indicate wide range in the proportion of people without symptoms who test positive
Considerations for Testing Asymptomatic Workers

- Testing should not supersede existing infection prevention and control interventions.
- Testing should be used when results will lead to specific actions.
  - The longer the turnaround time, the more the opportunity for ongoing transmission while awaiting results.
Testing Asymptomatic Individuals Without Exposure

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).
Testing asymptomatic individuals with exposure

Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission

- Testing is recommended for all close contacts of persons with SARS-CoV-2 infection, especially initial testing during an outbreak or pandemic due to the high likelihood of exposure.

- In some settings, broader testing, beyond close contacts, is recommended as a part of a strategy to control transmission of SARS-CoV-2, such as high-risk settings that
  - have potential for rapid and widespread dissemination of SARS-CoV-2 (e.g., meat processing plants) or
  - have populations at risk for severe disease (e.g., nursing homes)
Managing Symptomatic workers
Managing Workers Who are Suspected or Confirmed to Have COVID-19

- Workers whose entry screen indicates the need for further evaluation
  - Should be sent home
  - Encourage symptomatic workers to self-isolate and contact a healthcare provider
  - Provide information on the facility’s return-to-work policies and procedures
  - Inform human resources and the worker’s supervisor (so worker can be moved off schedule during illness and a replacement can be assigned, if needed)
  - Disinfect the workstations and tools that have been used by a symptomatic worker
Additional Response to a Confirmed Case of COVID-19

- If a worker is confirmed to have COVID-19:
  - Inform all work contacts of possible exposure while maintaining confidentiality required by Americans with Disabilities Act (ADA)
  - Provide guidance to fellow workers on how to proceed based on CDC Public Health Recommendations for Community-Related Exposure
  - On-site healthcare personnel should follow appropriate CDC and OSHA guidance for healthcare and emergency response personnel
  - Work with state, local, tribal and/or territorial health officials to facilitate identification of other exposed and potentially exposed individuals, like coworkers
Collaborating with Health Departments on Contact Tracing
Key Public Health Actions for COVID-19

- **Case investigation** and **contact tracing** are essential interventions in a successful, multipronged response to COVID-19
  - Case investigation is the identification and investigation of individuals with confirmed and probable diagnoses of a reportable communicable disease, such as COVID-19.
  - Contact tracing follows case investigation and is a process to identify, monitor, and support individuals who may have been exposed to a person with a communicable disease, such as COVID-19.
Health Department Activities

- Health departments are responsible for leading case investigations, contact tracing, and outbreak investigations.
- When health department personnel investigate a case, they will ask the patient questions about work status and work environment, about persons they have been in close contact with, and locations visited during the time they could have spread COVID-19 to others.
- Given the large number of COVID-19 cases reported to health departments, coupled with how easily and quickly the virus is spreading, health department resources can be overwhelmed.
- Employers assistance may aid in limiting the spread of the COVID-19 in the work environment.
Roles and Responsibilities in Workplace Case Investigation and Contact Tracing

- The level of interaction between the health department and an employer will vary depending on several factors.
- When a COVID-19 case is identified that impacts a workplace, the health department may proceed in a number of ways, including:
  
  A. Ask the employer for help in understanding the risk for transmission in the workplace and identifying exposures and contacts in the workplace; or
  
  B. Rely on the employer to identify workplace contacts; or
  
  C. Conduct workplace contact tracing without directly engaging the employer.
Preventing and Slowing the Spread of COVID-19 Within the Workplace

Employers can take the following action steps to prepare for possible cases in the workplace:

- Establish a COVID-19 coordinator or team
- Create and implement a preparedness, response, and control plan
- Collect information about the workplace
- Support employees and conduct workplace hazard evaluation and prevention activities
- Review leave policies
- Communicate with employees
Workplace Infection Control and Response (WICAR) Tool

Interim Customizable Non-Healthcare Workplace Infection Control Assessment and Response (WICAR) tool — Coronavirus disease 2019 (COVID-19)

This tool is intended to assist health departments, employers, and occupational safety and health professionals with assessment of infection prevention and control programs and practices in non-healthcare workplaces in order to make recommendations regarding COVID-19. Information to complete an assessment can be gathered through review of written policies and procedures, discussion with workplace management and worker representatives, and direct observation if a site evaluation is planned. This tool is not intended to assess regulatory compliance. If feasible, direct observation of infection prevention and control practices is encouraged. This tool should be used by qualified public health or health and safety professionals familiar with the topics and content of the tool (assisted as needed by CDC/NIOSH project officer(s) and state or local public health entities).

This tool can serve as a template for assessing a workplace; elements and response options can be removed or added depending on the local situation, assessment goals, and workplace characteristics.

Overview
- Section 1: Facility and workforce characteristics
- Section 2: Facility policies and procedures
- Section 3: Infection prevention and control policies and practices
- Section 4: Guidelines and other resources
- Section 5: Direct observation of facility practices
Collaboration is essential to interrupting the spread of COVID-19 in the workplace

- Roles and responsibilities should be designated in discussion between health departments and employers
- All activities conducted must be in accordance with applicable public health authority, and workplace, privacy and confidentiality laws
Where Can I Get More Information?

- CDC Interim Guidance for Businesses and Employers (COVID-19)
- CDC General Business Frequently Asked Questions
- NIOSH COVID-19 Workplace Safety and Health Topic
- CDC COVID-19
- OSHA Guidelines on Preparing Workplaces for COVIDpdf
- For Questions Related to this Webinar: EIDInfoTech@cdc.gov
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.