

WHITE PAPER

COVID-19 WORKPLACE TESTING PROTOCOL



BACKGROUND

In the current climate, designing a program, consisting of clinical (antibody, viral, antigen) and drug/alcohol testing is essential to providing a safe and productive workplace.

As businesses across our country attempt to bring employees back to work and resume some semblance of normal function, many business owners, managers, and workers may have concerns about the actual and perceived danger that entails. To assuage those fears and do everything we can to protect the health and safety of our workforces, the following protocols may be appropriate, in conjunction with your employee manual and previously enacted safety protocols.

It is important to remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves¹. Therefore, employers should continue to follow the most current information at both an agency and federal/state/local level, to the best of their ability².

PRACTICES

- Workforce temperature screening
 - Perform no-touch temperature screenings as workers enter the workplace.
 - Any worker with a temperature above 100.4F³ should be asked to return home. As with other types of physical examination screening (i.e. blood pressure monitoring), taking this temperature twice may be a best practice⁴.
- Social distancing
 - Keep at least six feet between workers whenever possible.
 - Workers should use personal protective equipment, in accordance with your local regulations
 - The CDC recommends the use of cloth face coverings/masks when social distancing is impractical⁵.
- Self-Certification/Consent Form
 - Any symptomatic workers should NOT come to work.
 Common symptoms of COVID-19 are⁶:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Workplace Testing
 - Drug/Alcohol testing may BE appropriate for the entire workforce at the commencement of work.
 Additional random screenings are also suggested, as the stress of this pandemic may have instilled new, or reignited old, substance abuse issues.
 - Laboratory testing to rule in/out the presence of COVID-19 among the workforce. (See below)

TYPES OF COVID 19 TESTS7

- Antibody (Ab) Testing: Designed to assess whether workers have been in contact with COVID-19 in the past.
 - Positive results may indicate previous infection. These people may be protected from re-infection, but this cannot yet be said with certainty⁸.

¹ https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-adarehabilitation-act-and-other-eeo-laws

 $^{^2}$ Updated relevant information can be found continually at https://www.cdc.gov, https://www.coronavirus.gov

³ https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html

https://www.fmcsa.dot.gov/sites/fmcsa.dot.gov/files/docs/mission/advisory-committees/mrb/83401/fmcsamedicalexaminerhandbook.pdf

⁵ https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html

⁶ https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

⁷ https://www.centerforhealthsecurity.org/resources/COVID-19/serology/Serology-based-tests-for-COVID-19.html

⁸ https://www.cdc.gov/coronavirus/2019-ncov/testing/serology-overview.html

- Antibodies are a class of protein, produced by the immune system, to remember and respond to specific pathogens.
 - IgM and IgA antibodies are early responders, designed to neutralize incoming threats.
 - IgG antibodies are developed slightly later, with the purpose of protecting against future attacks by the same assailant pathogen.
- The clinical significance of SARS-CoV-2 antibodies is still developing, but antibodies are, by definition⁹, a naturally protective mechanism of the body.
- Some tests search for individual antibodies, while some give a simple positive/negative answer about their presence.
 - Tests that automatically give information about individual immunoglobulins may be the most clinically useful when attempting to assess progress through the immune response.
 - Tests that combine multiple antibodies may have the potential to be tested further for individual antibodies, when they are initially ruled 'positive'.
 - These tests are of varying levels of usefulness, but for the purposes of this plan, those tests that can differentiate between IgM and IgG, at a minimum, are likely most helpful.
- Viral/Nucleic Acid Testing: Designed to assess which members of a workforce actively have COVID-19 and should be guarantined.
 - These tests require a respiratory specimen collected from the nasal passages, via nasal or nasopharyngeal swab, or as oral fluid.
- Antigen Testing: An alternative method by which to assess current infection.
 - These tests require a respiratory specimen collected via nasal swab

TESTING PHASES

To prepare for the variety of potential scenarios, a phased approach to testing may be appropriate. This will include initial or baseline testing, urgent testing, post-quarantine testing, and repeat/ongoing testing.



⁹ https://www.britannica.com/science/antibody

This schedule of phases is important since there is no known pharmaceutical/clinical intervention for this disease, nor is there any clinical prevention method, beyond behavioral modification. Additionally, the CDC now estimates that approximately 35% of all infected individuals will have little to no symptoms ¹⁰. Therefore, temperature screenings and symptom disclosure alone may not be an adequate way to assess the health and safety of workers; ongoing testing provides a clinical and operational safety net.

PHASE 1: BASELINE TESTING PROTOCOL

At the outset of this program, employers may want to test all asymptomatic employees for antibodies to SARS-CoV-2 in addition to an initial virus test. This will give a baseline direction for testing. From there, viral testing at regular intervals is recommended, as many may not display any symptoms at the beginning of infection, or even at all.

Depending on the results of this initial testing phase, certain employees may urgently require a viral test. Although the ideal situation is to run a viral test on all employees concurrently, with Ab testing, those with IgM antibodies have the highest pre-test likelihood of being positive for the virus, and should be tested first, if a decision of sequence is necessary, to assess the appropriateness of a quarantine phase. It is important to identify these individuals as soon as possible, encourage them to discuss the results with their healthcare provider, and remove them from the active workforce.

While the debate regarding the accuracy of serology testing is still ongoing, the CDC recently made recommendations that these tests should not be used as a tool to determine if an employee should come back to work, however, asymptomatic persons who test positive by serologic testing and who are without recent history of a COVID-19 compatible illness have a low likelihood of active infection and should follow general recommendations to prevent infection with SARS-CoV-2 and otherwise continue with normal activities, including work¹¹.

PHASE 2: URGENT TESTING PROTOCOL

When any employee tests positive (via viral testing), those who have been in close contact with the worker must also be tested. Close contact is currently defined as: within 6 feet, for at least 15 minutes, during the 48 hours preceding the positive test result¹². In the interim between identification and testing, these workers who were in close contact may be self-isolated if possible, and should wear additional PPE, at a minimum.



¹⁰ https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html

https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention. html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html

¹² https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html

PHASE 3: RETURN-TO-WORK/ POST-QUARANTINE TESTING PROTOCOL (SEE FIGURE 1):

All workers who have been identified as actively infected must complete a 10-14 day quarantine period. Although there is not currently a CDC guideline for workplace quarantine periods, the recommendation for healthcare workers, and for general public returning form self-isolation¹³, can be applied here as a best practice¹⁴. At the conclusion of the quarantine period — provided they are completely asymptomatic — a new round of testing may begin, in conjunction with advice/recommendations from their personal healthcare provider.

This testing protocol begins with 2 viral tests, 24 hours apart¹⁵, and progresses through additional antibody testing, if desired, to assess whether or not this person may return to work, and if they should continue in the regularly scheduled testing.

PHASE 4: REPEAT/ONGOING TESTING

Depending on the nature of each business, monthly, biweekly, or weekly viral testing may be appropriate. This can be organized to include the entire workforce, or used in a random sampling of workers, similar to a drug screening procedure.

CLINICAL SIGNIFICANCE (VIRAL & ANTIBODY TESTING)

COVID-19 VIRAL TEST	IGM ANTIBODY	IGG ANTIBODY	CLINICAL SIGNIFICANCE
Not Detected	Not Detected	Not Detected	Employee most likely not exposed to SARs-CoV-2
Detected	Not Detected	Not Detected	Employee is most likely in active stage of infection
Detected	Detected	Not Detected	Employee is most likely in active stage of infection
Detected	Not Detected	Detected	Employee is most likely in active stage of infection
Detected	Detected	Detected	Employee is most likely in active stage of infection
Not Detected	Detected	Detected	Employee may be in the recovery stage of infection
Not Detected	Detected	Not Detected	Employee may be in early stage of infection
Not Detected	Not Detected	Detected	Employee may have had past infection and recovered

Source and Partnership: Access Medical Labs

TEST TIMING

The following are some sample recommendations, based on clinical knowledge and workplace safety concepts. They are not a mandate and have not been reviewed by any government agency. Always follow your state and local guidelines, which may vary.

For all workplaces:

- Baseline antibody testing
- Viral testing (either PCR/Nucleic Acid or Antigen) initially and at regular intervals
- Additional Viral testing for those workers who have been in close contact with another worker who tests positive

 Close contact is currently defined as: within 6 feet, for at least 15 minutes, during the 48 hours preceding the positive test result¹⁶.

For close contact/essential workers:

- Baseline Ab testing (at start of program)
 - Immediately perform viral testing on IgM positive patients; continue with viral testing on remainder of workforce

¹³ https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?

¹⁴ https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

¹⁵ https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

¹⁶ https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html

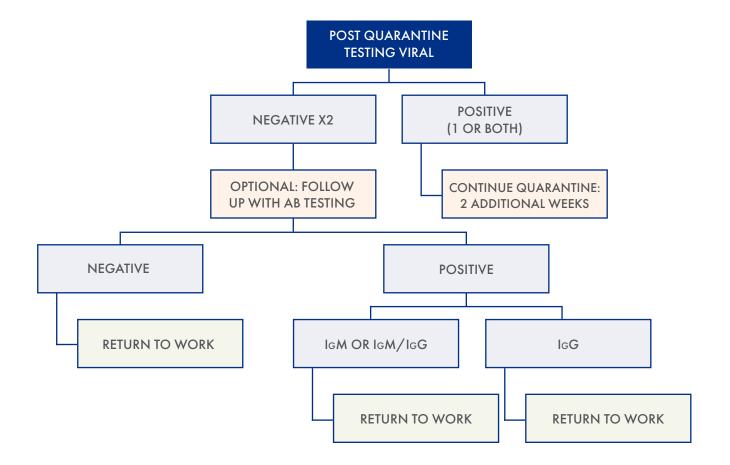
- Ongoing Viral RNA testing (weekly)
 - Positive: quarantine 10-14 days
 - Negative: continue work
- Additional Viral/Ab testing whenever a previously quarantined worker returns

For lower risk industries:

- Baseline Ab testing (at start of program)
 - Immediately perform viral testing on IgM positive patients; continue with viral testing on remainder of workforce

- Ongoing Viral RNA testing (bi-weekly or monthly)
 - Positive: quarantine 10-14 days
 - Negative: continue work
- Additional Viral/Ab testing whenever a previously quarantined worker returns

RETURNING TO WORK, POST-QUARANTINE, WORKFLOW (FIGURE 1)





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