VDH Interim Guidance for Implementing and Defining Roles for Testing Strategies in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified

as of July 1, 2020

Critical infrastructure employers have an obligation to manage the continuation of work in a way that best protects the health of their workers and the public. To ensure the continuity of operations of essential functions, workers in critical infrastructure sectors may be permitted to work after potential exposure to a confirmed case of COVID-19, provided they are asymptomatic and adhere to additional safety precautions, such as measuring the worker's temperature and assessing for symptoms of COVID-19 before each work shift ("pre-screening"), asking the worker to self-monitor for symptoms during their work shift, and asking the worker to wear a mask or cloth face covering while in the workplace. Allowing exposed, asymptomatic workers to return to work before they have quarantined for 14 days, while discussed in the critical infrastructure guidance, should not be misinterpreted as always being the first or most appropriate option to pursue in managing critical work tasks.

For high-density critical infrastructure workplaces, an optional testing strategy, described below, is available for consideration after a COVID-19 case is identified. This testing strategy can be used to aid in identification of other potentially infectious individuals with the goal of reducing further transmission of SARS-CoV-2 in the workplace. Examples of high-density critical infrastructure workplaces include, but are not limited to meat and poultry processing facilities, correctional and detention facilities, agricultural work sites, and critical manufacturing facilities. These facilities have a large number of workers who are in the workplace for long periods and who may have prolonged close contact with other workers. This testing strategy provides a tiered, risk-based approach to testing and implementing restrictions from work for co-workers of a person with confirmed COVID-19 in a high-density work environment. An algorithm outlining this strategy is available on page 5. Some facilities may already have testing and work restriction plans in place that this strategy may augment.

General Testing Strategy Considerations

- A testing strategy, using viral (nucleic acid or antigen) tests to diagnose acute infection, should only be implemented if results will lead to specific actions including:
  - Exclusion from work and isolation at home (or alternate location if the home environment cannot facilitate adequate isolation from others) of identified cases.
  - Interviewing and testing of potentially exposed co-workers who are close contacts as soon as possible.
- If available, the occupational health program at the facility should work in collaboration with the local health department (LHD) to assess potentially exposed workers and determine a testing plan.
- Consider the specific facility and operations to aid in the determination of which co-workers to prioritize for testing. Prioritize quickly and discuss the appropriate timeframe for testing after an exposure with the LHD so that testing of co-workers is not delayed.
  - Tier 1 is the highest priority for testing of exposed co-workers, especially those who were close contacts. A close contact is any individual within 6 feet of an infected person for at least 15 minutes starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated[1].
  - Tier 2 is the next highest priority tier for testing.
  - Tier 3 includes workers not in Tiers 1 or 2.

- If employers elect to conduct facility-wide testing, multiple asymptomatic workers with SARS-CoV-2 infection may be identified. **Before facility-wide testing** is initiated, employers should have a plan in place for meeting staffing needs while these persons are out of the workplace per CDC's COVID-19 Critical Infrastructure Sector Response Planning Guidance.
- Symptom screening, testing, and contact tracing must be carried out in a way that protects confidentiality and privacy, to the extent possible, and is consistent with applicable laws and regulations. To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks.

Monitoring Exposed Workers

- Workers in Tier 1 identified as close contacts need to be rapidly identified and monitored for signs or symptoms of COVID-19 for 14 days after their last exposure. A close contact is any individual within 6 feet of an infected person for at least 15 minutes starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated[1].
    - The LHD can assist with contact monitoring by enrolling the workers in an automated daily monitoring and symptom tracker program, the VA Sara Alert System, or the occupational health program can opt to perform independent monitoring of workers and report outcomes to the LHD.
    - If conducting their own daily monitoring, the occupational health program will need to provide updates to the LHD at specified times (at a minimum: beginning of monitoring, immediately if symptoms occur, and end of monitoring).
- Screening all workers and others entering the workplace for symptoms of COVID-19 and measuring body temperature is recommended, as is asking the worker to self-monitor for symptoms during their work shift.
    - Symptom screening will not identify workers with asymptomatic or pre-symptomatic infections, but may help to keep those with illness out of the workplace.
    - Symptom screening upon entry to the workplace should be designed so that the screening process is conducted in as private a manner as possible, without a worker's personal information being overheard or communicated inappropriately at any time.
    - Screening information obtained for those who were not close contacts to an identified case does not need to be provided to the LHD.
- VDH recommends that ALL critical infrastructure/essential personnel, regardless of known exposure, self-monitor for symptoms under the supervision of their employer's occupational health program.
    - Additional screening guidance is available in the VDH Interim Guidance for Daily COVID-19 Screening of Workers (Non-healthcare Workers).
    - A VDH monitoring log is available to assist with self-monitoring.
    - Any worker with signs or symptoms of COVID-19, regardless of tier, should be immediately separated from others and referred for medical evaluation and testing.

Public Health vs. Workplace Roles for Testing:

- Workplaces should select the testing strategy that works best for their facility.
- Workplaces should develop a plan for how testing of close contacts and other workers might be implemented as part of a broader COVID-19 prevention and control plan.
- Although the LHD might facilitate testing to confirm an outbreak at a facility, the workplace will need to determine options beyond the local health department for additional specimen collection and testing.
    - Options to consider include an employee health clinic, a healthcare provider engaged by the employer, or local health care facilities.
    - Workplaces are strongly encouraged to work with their LHD to ensure that laboratory services are provided by a laboratory that has been approved by VDH for electronic laboratory reporting (ELR) for the most efficient delivery of test results. Electronic reporting, rather than paper- or fax-based methods, allows VDH to process reports and to more quickly begin the case investigation and contact tracing process.

Baseline Testing

- Tier 1 co-workers identified as close contacts should receive baseline testing. A close contact is any individual within 6 feet of an infected person for at least 15 minutes starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated[1]. The appropriate timeframe for testing after an exposure should be discussed with the LHD.
- Tier 1 co-workers who do not meet the close contact definition, but who had significant risk of potential close contact, such as working during the same shift or overlapping shifts in the same area as the case-patient, may also receive baseline testing.
- Tier 2 and Tier 3 co-workers may also receive baseline testing if capacity exists to perform testing and implement actions based on testing results.
- Workers in any tier who develop signs or symptoms of COVID-19 should be tested.

Return to Work

- No worker in Tier 1, 2, or 3 should work if they are symptomatic or test positive for COVID-19.
- Ideally, asymptomatic workers assessed as being in Tier 1 should self-quarantine for 14 days after their last exposure and can return to work at the end of those 14 days if they remain healthy.
- If critical staffing shortages are impacting the facility, asymptomatic workers in Tier 1 may return to work before the end of their 14-day quarantine period, provided additional safety practices, including taking their temperature before work, wearing a mask or cloth face covering at all times, and practicing physical distancing in the workplace to the extent possible, are implemented. Frequent testing of these workers, as described below in strategies 2 and 3, is recommended to detect infections early and exclude potentially infectious workers from the workplace.
- In selecting a post-exposure return to work testing strategy, employers should consider which strategy appropriately balances maintaining operations with protecting worker safety.
- Serial testing every 3 days as recommended below may not be feasible in all scenarios without point of care testing options. Different testing frequencies may be discussed with the LHD.

Return to Work Testing Strategies for Tier 1 Co-Workers of a Confirmed Case

- Strategy 1: Allow return to work if asymptomatic after quarantining for 14 days, even if baseline test results are negative.
    - This strategy reliably excludes workers who are exposed and may become infected, limiting infection of others in the workplace.
    - This is the preferred strategy if the facility is not facing critical staffing shortages.
- Strategy 2: Test at baseline and re-test on Day 3. Allow return to work if asymptomatic and both baseline testing and Day 3 results are negative.
    - Continue retesting workers who have returned to work every 3 days until there are no new cases identified in the group of workers tested.
    - This strategy, involving serial testing, is more likely to identify infected workers than testing at a single point in time.
- Strategy 3: Return to work if asymptomatic after baseline test is obtained, or while results are pending, providing other protections are in place as outlined above.
    - Exclusion from work is recommended while test results are pending, if possible.
    - Only consider this strategy for Tier 1 co-workers during critical staffing shortages.
    - Continue retesting workers who have returned to work every 3 days until there are no new cases identified in the group of workers tested.

Return to Work Testing Strategy for Tier 2 and 3 Co-Workers of a Confirmed Case:

- Tier 2 and 3 co-workers may return to work if asymptomatic and, if tested at baseline, their test is negative. They should self-monitor for symptoms of COVID-19.

If additional cases are identified through testing, worker monitoring, symptom screening, and/or contact tracing efforts, the same steps would be applied to the close contacts of the additional case-patient.

[1]At this time, the use of a cloth face covering does not change whether or not an individual is considered a close contact per CDC guidance.

Resources:

CDC. Testing Strategy for COVID-19 in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/hd-testing.html

CDC. Implementing Safety Practice for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

Cybersecurity and Infrastructure Security Agency (CISA). Guidance on the Essential Critical Infrastructure Workforce www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce

Additional resources from VDH for businesses in Virginia: www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/businesses/

Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified (as of 7/1/2020)

The testing strategy outlined above and in more detail by CDC is an optional one designed to augment existing guidance and measures to reduce transmission in the workplace

Testing and contact tracing should only be implemented if results will lead to specific actions. When symptom screening and subsequent testing identify a confirmed case of COVID-19, interviewing and testing potentially exposed co-workers should occur as soon as possible. Based on the likelihood of exposure, characteristics of the workplace, and results of contact investigations, a progressive tiered approach to testing these co-workers may be applied. In selecting a strategy, employers should consider which strategy appropriately balances maintaining operations with protecting worker safety.