Guidance for COVID-19 Screening Testing in Non-Healthcare Workplaces

Overview

As employees return to their workplaces, the potential for exposure to COVID-19 increases, especially in environments with unvaccinated individuals. To mitigate the risk of exposure, employers may consider implementing screening testing of workers entering shared spaces. It is estimated that asymptomatic or presymptomatic individuals account for more than 50% of transmissions of SARS-CoV-2, the virus that causes COVID-19.[1] Workplace-based testing for SARS-CoV-2 could identify workers with COVID-19, and help prevent or reduce transmission of the illness. If an employer chooses to implement a screening testing program, the Centers for Disease Control and Prevention (CDC) recommends testing at least weekly. CDC also recommends that fully vaccinated individuals should be excluded from screening testing requirements, but may be allowed to opt in to such programs.

Screening testing involves testing a broad group of asymptomatic individuals on a regular basis. The goal is to identify infected people who may be contagious as early as possible so measures can be taken to keep the virus from spreading. Screening testing is considered an additional layer of protection against COVID-19.

CDC published guidance for implementing screening testing as a mitigation layer in non-healthcare workplaces. Information that could be helpful to employers establishing a screening testing program include:

- Considerations when testing
- Test types
- Choosing a test
- Frequency of screening testing
- Interpretation of screening SARS-CoV-2 test results

CDC notes that the US Equal Employment Opportunity Commission (EEOC) has generally held that employers may require a COVID-19 test as a condition to enter the workplace, provided the test is "accurate and reliable." The Virginia Department of Health (VDH) recommends that COVID-19 lab tests be authorized or approved by the US Food and Drug Administration (FDA), with at minimum an Emergency Use Authorization (EUA).

Consent

CDC recommends that any workplace-based testing program include a consent process and a template to document consent.

Refer to CDC for guidance on information employers should provide employees before starting testing.

[1] https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/masking-science-sars-cov2.html

Potential Implementation Models

Prior to initiating testing, employers should ensure they have appropriate isolation and quarantine protocols in place. Other policies employers should consider include how tests will be funded, sick leave/absence policies, notification procedures, and processes for reporting to the health department.

Two types of COVID-19 tests are available: molecular and antigen tests. Polymerase chain reaction (PCR) testing is a type of molecular test. Generally, a PCR test must be analyzed by a lab, and it can take at least 24 hours to receive a result. An antigen test typically returns a result within 10-30 minutes. Selecting a test may require making trade-offs among specificity/sensitivity, cost, and speed of result. More information on COVID-19 testing can be found on the VDH website.

There are many different testing kits and vendors available on the market. Below are three sample testing models for employers to consider and modify to develop their own customized testing program.

Model A: Proctored point-of-care testing at the employee's home

The employer distributes self-administered, point-of-care, or "rapid-tests," to employees to perform at home, and a vendor provides telehealth sessions to oversee specimen collection and performance of the test. The vendor may assist the employee with actions to take based on the test result. The vendor also provides a Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver and a clinician order for the test, if needed. Employers should work with the vendor to determine a plan for reporting results.

More information about point-of-care antigen testing can be found on the VDH website. The FDA also maintains a searchable list of antigen tests that have an EUA.

Model B: Full "turnkey" PCR testing provided by vendor

The employer contracts with a testing vendor to conduct on-site specimen collection. The vendor will typically provide staff to collect specimens or observe self-collection. The vendor then performs analysis at an off-site lab. Employers should ensure that selected vendors have an up-to-date Clinical Laboratory Improvement Amendment (CLIA) Certificate. Employers should also ensure that selected vendors have the ability to provide a clinician order for testing. Most vendors can develop a communication plan for reporting results.

Employers can search the FDA's database to confirm that the test performed by their vendor has received an EUA.

Model C: Employee has testing done in the community and provides result

Employers could develop a model in which employees must get tested on their own and submit the result to their employer. Employees can check with their healthcare provider for testing options or locate a testing location convenient to work or home. VDH maintains a list of testing locations searchable by location.

Large employers may consider partnering with testing providers directly to ensure availability of testing for their employees.

Employers will need to develop a plan for tracking results to ensure employees are compliant with recommended testing frequency. There are vendors who provide tracking options.