# **COVID-19: Back-to-Work** COVID Testing Industry Consortium

### **I. INTRODUCTION**

The global impact of COVID-19, the disease caused by SARS-CoV-2, is overwhelming. The numbers of people whose lives have been impacted, positive cases, hospitalizations, admissions to ICU's, those on ventilators and those who have passed away is astounding. The numbers inform us about the severity of the problem and dictates a clarion call to find solutions to combat the pandemic, but numbers themselves don't provide solutions nor provide a realistic roadmap to return to normalcy or at least, coexist with the ongoing threat of spread.

Solutions need details. The SARS-CoV-2 pandemic has affected every aspect of our lives and only by understanding the intricacies of the ongoing challenges as well as examples of those who have best been able to navigate coexistence with the virus, can we pursue successful remedies.

COVID-19 Testing Industry Consortium represents organizations from the healthcare industry with expertise in precision medicine, clinical diagnostics, occupational health, and pharmaceuticals to help provide clarity and potential solutions to COVID-19 testing challenges. However, consortium members are also companies who face the same challenges as everyone, how to operate in a manner that protects workers while continuing to provide essential services.

Below is a questionnaire completed by not only consortium members but from other companies representing a variety of fields: Academic, Banking, Finance, Food & Beverage, Business Services, Government, Healthcare Facilities & Suppliers, Technology, Insurance, Manufacturing and Pharmaceutical Industries. The results represent a current snapshot of how a cross-section of businesses are confronting the challenges of going back to work in a safe responsible manner. The questionnaire touches on a number of areas, including details about testing policy, concerns about employer liabilities and consents, efforts to promote personal hygiene and safe work spaces as well as policy on surveillance, contact tracing and guidelines if any on employee activities including working at home and work related travel.

If one of our nation's highest priority is to get back to work in a safe manner then understanding both the challenges and policies of a cross section of companies is essential to find solutions, identify resources that are needed, guidelines that are necessary as well as practices that are successful. The results of the questionnaire seek to provide that clarity at this point of time.

### **II. DEMOGRAPHICS**

The seventy-seven businesses which participated in the COVID-19 Industry Testing Consortium – Survey represented a very diverse geographic footprint and most (90%) having at least one site in North America (Figure 1). A variety of industries were represented in this survey lending to a relative even distribution of business sizes: 100 or fewer employees (20%), 101 to 500 employees (25%), 501-5000 employees (22%), and 5000 or more employees (33%). The majority (83%) identified a portion of their employees to be considered essential. Of which, 49% indicated 50% or more of their workforce comprised of essential workers.

Figure 1: Geographical Footprint



Note: Those surveyed were able to select more than one region.



Figure 2: Percentage of "Essential Workers"

As expected during the height of the initial wave of the COVID-19 pandemic (March 2020), large margins of the workforce were working from home. Businesses with 100 or fewer employees experienced significant impact as their entire workforce (100% of those surveyed) was working remotely. In contrast, Mid-Large size companies had to balance employee safety, as well as local and national regulations versus business needs for those employees returning to the office. The member companies of the COVID-19 Testing Industry Consortium

faced similar challenges as they had to ensure they could establish a safe workplace for essential workers within research, development and manufacturing to deliver the much needed solutions (e.g. diagnostics, treatments, vaccines and other forms of scientific and operational contributions) to tackle this pandemic.

Interestingly, at the time of the survey (September/October 2020), there was an increase in the number of employees returning back to the office across all business sizes. This increase can be confounded with the United States increasing its daily testing capacity from zero to approximately 1 million COVID-19 tests over the last 7 months<sup>1</sup>, many states and local authorities lifting their restrictions on going back to work and companies of various sizes enacting back-to-work initiatives/policies to ensure employees are safe.



Figure 3: Employees Working from Home

#### **III. TESTING COMPONENT**

Consortium members have experienced challenges in bringing their essential workers back to the workplace safely whether office-based, in laboratories or manufacturing plants. In addition, variability of community spread in different states poses challenges in establishing a single corporate guidance for return to work.

In addition to other measures of protection such as use of personal protective equipment (PPE)/masks, social distancing and promotion of hygiene, testing can contribute to the protection of employees in the workplace. Testing enables prompt identification and isolation of those identified as positive for COVID-19. Testing is most effective when done efficiently, without disruption to routine work, while protecting the health, safety and privacy of employees.

The testing section of the survey consisted of questions to obtain an understanding of the current and planned approaches being taken with regards to COVID-19 testing in the workplace.

Of the companies surveyed, approximately 26% were currently offering testing. From the survey, approximately 90% of the companies offering testing had more than 500 employees. We believe this is attributable to a

number of factors; such as, but not limited to having larger more extensive environmental and safety functions and having the resources (both financial & personnel) needed to implement testing.

For those respondents whose company was providing testing, COVID-19 testing was primarily paid for by the company (92%) or by the employee's health insurer (8%) with a small portion of the respondents using a combination of company pay & insurance. The testing frequency varied between daily (14%), weekly or biweekly (equally 21%) or on an ad hoc schedule (29%). Respondents indicated that the majority offered testing for both symptomatic and asymptomatic employees (71%) and only 14% supported testing for either symptomatic or asymptomatic employees. For asymptomatic individuals, testing was offered on a weekly (38%) or bi-weekly (23%) basis, not at all (15%) or as requested (23%) cadence. Specifically, for asymptomatic individuals, most of the testing occurred at specific locations (50%).

Regarding the individual ordering the testing, respondents indicated that most (69%) received the testing prescription from an outside physician to support their employee testing programs, 46% from an in-house medical officer and 23% from a nurse practitioner with some responders using multiple sources for ordering testing.

Ordering tests occurred in a variety of ways, including online process, mass emailing indicating scheduled days to receive the test and reoccurring routine scheduled tests specifically for asymptomatic individuals. Testing was performed by a variety of types of laboratories with some companies using multiple approaches (Figure 4).



Figure 4: COVID-19 Testing Locations

The most common form of testing is as follows: molecular testing (PCR), antigen and antibody testing, and sample collection occurred primarily onsite (93%) or a combination of onsite and/or at home (36%). Testing collections included a variety of methods, such as anterior nasal swab (57%), nasal pharyngeal swab (57%) and saliva (43%) with some organizations utilizing a combination of approaches. Participants received their

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test results by one or more of the following types of communications: accessing online lab portal (57%), email (29%), telephone call (29%) and text (21%). Testing results were shared primarily with the employee (64%) and the respective company's medical provider (29%). The results were delivered directly by the laboratory (36%), the company's medical provider (21%), private medical provider (14%) and other (29%) as identified within a company, such as human resources. Respondents indicated that their test results are stored and retained within multiple repositories, which included one or more of the following: the employee medical health record (53%), online lab portal (53%), online company database (13%) and paper (~13%).

If and when an employee tests positive for SARS-CoV-2, several actions are immediately implemented according to participants' responses. Actions including, but not limited to contact tracing (85%), deep cleaning (85%), quarantine (46%) and additional testing (31%) were primarily deployed. Most respondents defined contact tracing as within six feet of contact of an infected person for more than five minutes. Over 90% of respondents indicated that their respective employer had implemented a return to work policy that follows the CDC Guidelines defining next steps if an employee tested positive. To determine when to return to work after a positive test, respondents indicated they utilized the following criteria: time duration (37%), time duration and subsequent negative testing results (42%) and other (17%) which included variations of time/negative testing results.

Moving forward, respondents who were not currently providing testing for their workforce were asked if they were considering offering a program in the future. When asked if they plan to offer testing in the next six months, 51% responded unsure, 33% responded no and 15% responded yes. These results show a high percentage of respondents not actively planning to offer testing which prompts the question of whether it is due to lack of availability of testing or understanding of how to procure the best testing solution/provider, lack of resources (financial/personnel) or none of the above. Another concern that has been raised for companies both for those currently performing testing as well as those not performing testing is how to interpret results and what actions to take in light of the potential for false positives/negatives. Moreover, clarity on different types of available testing and their inherent limitations are key to implement a robust return-to-work strategy.

In terms of making future tests voluntary, respondents indicated they were undecided (71%), and others were evenly split at 14% each for yes or no. Additionally, when answering the type of facility to conduct future testing, most respondents indicated undecided (77%), point of care (13%) and commercial laboratory (9%). Respondents preferred that specimen collection in the future occurs at a decentralized location (47%), onsite (47%), followed by home (20%) and drive thru (13%) with some companies selecting multiple approaches.

### **IV. LIABILITY, CONCERNS, CONSENTS**

The majority of companies surveyed are consenting employees to a variety of measures in an attempt to ensure maximum work safety. They are applying one or more procedures such as temperature screening, collecting exposure history, testing for virus or antibodies or other measures. Larger companies tend to consent employees for more procedures than smaller companies, with around 40% of companies with > 100 employees consent employees for laboratory testing.

As many companies struggle to bring their workforce back, many (57%) have expressed concerns around liability associated with concerns of employees' having contracted the virus through workplace spread, which makes the approach to managing employees' safety at the forefront of their minds in seeking to understand is there a standard approach in trying to provide a safe environment for coming back to the work environment.

A key desire was to understand if companies are taking into consideration the potential impact of exposure through 1) the employee's immediate family/household, 2) personal contacts, 3) travel and 4) those exhibiting symptoms. Feedback suggested that approximately 75% of companies are requiring employees to notify them when members within their immediate family or household had exposure, are exhibiting symptoms and/or tested positive for COVID-19. Of those ~75% around 30% are providing recommendations to all immediate family members and almost 10% of the companies also offer testing, for immediate family members when warranted.

In addition, 68% of companies required employees to report or disclose any contacts who may have been exposed, traveled and/or displayed symptoms. On a very positive note, the survey found that in circumstances when an employee needs to quarantine, 84% of companies are paying employees during that period.

For many companies implementing testing a key question is always should this be voluntary or mandatory and what are the advantages/disadvantages of both.

For the companies that indicated testing is mandatory, the majority indicated that no employees refused. There was a single case where an employer indicated approximately 10% of their staff refused. A large driver for this compliance may be that many of the companies with mandatory testing rules had strict requirements for those who refuse. These included being prohibited to come on campus, visit customer sites, and/or being furloughed for refusal. In addition, many companies have provided campaigns around the value of testing including "your test protects others and their test protects you", trying to create a sense of community and that testing helps protect everyone and create a safer working environment.

### **VI. PERSONAL HYGIENE, FACILITIES & WORK**

While testing is a critical component in minimizing transmission, it's not the only factor; other public health initiatives are critical including social distancing, masking, etc., which can, and have, had a dramatic impact on spread of disease.

As such, it is no surprise that personal hygiene is an important consideration in Back to Work strategies. An overwhelming number of respondents indicate that masks are required to be worn at work (93%) and that those companies are providing masks to employees as well as hand sanitizers and wipes for surfaces. As a consortium, we have discussed that one of the challenges is employee compliance (e.g. not wearing masks and/or wearing improperly) while at work. The majority of workplaces (~60%) are providing gloves and 30% provide face shields, where appropriate. Others indicated that they are providing additional PPE including plexi-glass protectors, and mobile dividers. Some respondents indicated that although there is a mask policy, they are not required to wear them when social distancing is possible (<5%).

A specific question was asked about improved air flow/HEPA filtering in facilities and of the companies surveyed approximately 20% indicated that changes had been implemented, approximately 45% indicated they had not and approximately 35% were unaware if their companies had made changes.

Almost every company surveyed indicated that they are doing additional cleaning with CDC approved disinfectants, some had gone as far as to also include UV light (7%) and one company indicated they were also using electrostatic spray.

This recent pandemic has resulted in organizations who once considered open floor concepts as the avenue to increasing innovation and social interactions to reconsider remodeling to better provide protection for

their employees with 32% considering making changes and almost 30% still considering implications of this pandemic on their workplace infrastructure.

An interesting concept for which there have been numerous publications is around the success & productivity of having employees work from home coupled with the ability to recruit talent from across the globe. A recent article in Forbes, showed a 47% increase in productivity working from home through survey data collected from 100 million data points across 30,000 users (Westfall, 2020) and a recent article in CNN Business cited that 94% of employers said their company productivity was actually the same (67%) or higher (27%) than it was prior to the pandemic, even though a large bolus of workers have been working from home during this time (Sahadi, Jeanne, 2020). A question that has been raised is would these numbers and productivity still be as high if we returned to our "normal daily lives" where restrictions on activities were no longer limited.

Of the companies surveyed, 42% were still deciding the impact to their workforce in the long run regarding continued flexibility in working from home and 39% indicated there would be no change with 19% indicating they were planning on changing to incorporate more flexibility.

In an effort to keep employees safe as well as adhere to local regulations, many employees are taking a multi-faceted approach to screening (Figure 5).



Figure 5: How Employees are Screened

Contact tracing is being managed in that 60% of respondents are limiting the number of employees onsite or segmenting by groups shifts/etc.) and/or keeping logs of employees onsite. Only 5% were using watches or another device for tracking and almost 20% were keeping detailed logs of interactions.

Employers have indicated that CDC and government guidelines have been most important in helping to guide and shape their back to work strategies.

From the survey results, approximately 75% of employers are implementing screening strategies and greater than 90% are requiring additional PPE. Based on these results it is obvious that many employers are making significant investments and efforts to create a safer work environment for their employees.

### **VI. EMPLOYEE RESTRICTIONS**

Many (33%) of our respondents indicated that their employer has instituted employee restrictions extending above and beyond those mandated by governmental agencies.

One of the most common areas was restriction of employee travel with 64% of respondents indicating that some specific new travel guidelines had been instituted. These included discouraging or eliminating business-related travel, prohibitions around non-essential travel and requiring approvals from senior leadership for travel previously thought to be essential including professional meetings. Some employers provided guidance around use of PPE and social distancing practices while traveling by car or plane and some mandated quarantine periods or testing before returning to on-site work. Guidelines in some cases were specific to travel to certain countries and regions corresponding to the degree to which the destination had been impacted by COVID-19.

### **VII. CONCLUSION**

This Back-to-Work Survey prepared and conducted by the COVID-19 Testing Industry Consortium is by no means intended to be a definitive statement on US response to the pandemic. While there was a limited number of companies participating (N=77) there was a fair representation of companies of all sizes, including 33% of those surveyed with over 5000 employees and 20% of companies that responded had less than 100 employees. The responses were requested to only relate to their North American operations and responses from larger entities required input from various departments within their respective organizations who may not have had complete data to fairly represent their policies.

We believe however, that the survey does represent a reliable snapshot of the policies and challenges that all companies encounter as they confront the dual dilemma of returning to work and protecting their employees.

There is much that is positive. Companies overwhelmingly support and promote a safe workplace, 93% require masks. While many respondents expressed obvious concerns about liabilities regarding all aspects of the pandemic, those fears have not hindered efforts to promote a safe workplace. A very high percentage of all companies to continue to pay workers who need to be quarantined. In addition, when confronted with a positive result, either from company sponsored testing or from outside sources, most all companies follow appropriate CDC or consensus guidelines. These positive approaches have been adopted in a setting where most companies have instituted strong guidelines regarding outside visits to facilities and have instituted new policies discouraging or eliminating business-related travel.

Testing by companies remain problematic, 79% of the companies with greater than 500 employees tested, compared with only 21% of those with less than 500 employees and none of the companies with less than 100. Even among those companies that conduct and pay for testing (86% of companies that test also pay for the testing), questions like frequency of testing, symptomatic vs. asymptomatic testing, origination of testing order, and the after performing laboratory revealed a variety of responses and did not follow any specific

guidelines. In addition, for those who are not testing, the majority remained undecided to do so in the future.

Perhaps even more troublesome, reported by both companies who have undertaken testing as well as those who are reacting to results obtained outside the workplace, is the confusion regarding interpreting a positive result given multiple diagnostic platforms and ongoing concerns about the potential for both false positive and negative results. This remains an area of concern.

This clearly illustrates one of the most compelling aspects of the survey is that testing remains a challenge in the context of returning to work on many levels, not only defined by the testing itself but also the intricacies and details that surround an effective testing program. There is no universally adopted or even proffered best practices guideline to follow. Available technology is not universally reliable to an acceptable standard given all that we continually learn about the characteristics, patterns and infectivity of the virus. In addition, most platforms were not meant to be used as an essential component of a new paradigm, that is mass and frequent testing of large numbers of essentially asymptomatic people.

The challenges of testing have even more compelling consequences. If companies cannot take over some of the burden to protect the workplace, there is a greater reliance and therefore burden on the existing overextended resources of public health, community, governmental and other health institutions or entities. If positivity rates increase in the overall population, the ramifications for everyone will be exacerbated and create even more challenges for the workplace.

Our respondents, however limited on scope, have clearly demonstrated an understanding of the pandemic and responses that are clearly consistent with protecting workers while promoting a return-to-work strategy. We can also conclude that without a clear, easily implementable and reliable testing strategy that can be adopted for the workplace, returning to work will be wholly dependent on how well forces outside of our control can limit community spread of this dreaded virus.

### REFERENCES

#### <sup>1</sup><u>https://coronavirus.jhu.edu/testing/individual-states</u>

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