

# **Employer Best Practices: Screening for COVID-19**

Issue Date: June 23rd, 2020



### COVID-19 Pandemic

An illusion: The natural world is predictable and benign.

Wall Street Journal

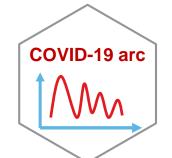


## Setting the Stage – Enabling Employers to Enhance COVID-19 Response

Understanding the unique event arc of COVID-19 and its influence on employer response

#### **COVID-19's Unique Event Arc**

Historically, crisis events have typically unfolded with an event arc that includes identified start/stop dates, followed by a



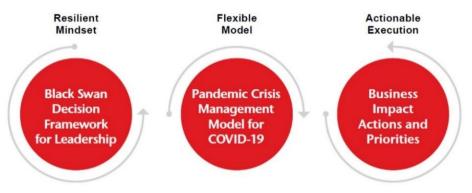
period of recovery and return to normal. However, COVID-19's event arc is different – the arc is fluid and the disease will continue to be present until such time as a vaccine becomes available or a treatment protocol is found to be effective. In the meantime, waves of infections may be experienced in different geographies at different times and different intensities.

An employer that recognizes this fluid nature and understands how their organization's *unique* footprint and business profile may be impacted can make more strategic decisions about how to manage Workforce and Business Resilience and plan for Return to Workplace strategies.

Aon is the partner who has knowledge, tools and resources to help bring this nuanced insight into an Employer's key decisions. This document is part of that broader conversation

#### How Aon is helping Employers respond to COVID-19

Aon's suggested **COVID-19 Response Framework for Employers** enables an organization to make decisions in an uncertain environment, flex with evolving impacts and take action with timing and priorities designed to fit each stage of the organization's unique COVID-19 experience.



A closer look at the Pandemic Crisis Management Model for COVID-19:



Note: Model flexes with waves in the event arc and introduces timeframes for Business Impact Actions



## Key Success Factors and Anticipated Challenges for COVID-19

## **Key Success Factors**

## **Anticipated Challenges for COVID-19**

COVID-19
Response
Framework for
Clients

Epidemiology/
Public Health
and Medical
expertise

Practical solutions and tools

COVID-19
Testing types,
availability and
credibility

Disease waves across geographic sites Economic uncertainty globally

Strong leadership engagement Proper communication and education



Customers not ready to receive services

Suppliers not ready to supply products or services

Having limited access to support to help meet goals

Having reliable support

Comprehensive strategic planning

Research and preparation



Being reactive vs. a proactive approach

Employee Fear and Mental Health
Considerations



## EEOC, CDC, and State Directives: Preparing to Manage COVID-19 in the Workplace



- Define, communicate and implement fit for work requirements and screening protocols
- For some essential workers, employers may choose to modify requirements in keeping with CDC guidelines
- Develop a thoughtful process on handling and isolating employees who exhibit symptoms including; consideration of taking temperatures, separating employees who exhibit symptoms from the larger workforce population, advising the employee to seek medical advice
- Ensure this process includes protecting employee medical information



- Develop a defined process for employees to follow when calling out sick
- Identify designated representatives to receive and register the call
- Provide designated representatives a questionnaire to confirm if an employee is experiencing symptoms of COVID-19
- Review your regulated Paid Sick Leave (PSL) geographies to ensure the questionnaire and administrative practices are in compliance
- Maintain the employee's confidential information by developing a repository system. Ensure process consistency to avoid discrimination
- Provide the employee with next steps including; seeking care from a medical provider, follow up protocols and expectations of the employee

This information has been provided as an informational and educational resource for Aon clients and business partners. It is intended to provide general guidance about return to work processes and is not intended to provide medical advice or address medical concerns or specific risk circumstances.

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## PPE and Personal Hygiene Equipment at Non-Healthcare Workplaces



Screenings are only one part of the safety protocols that must be built out at the workplace – employers must focus on ensuring that employees are using the appropriate Personal Protective Equipment (PPE) and Personal Hygiene Equipment Considerations for PPE at the Workplace

Job function Worksite Conditions

National, Industry, and Local Regulations

Screeners need to be wearing appropriate PPE

| PPE and Personal Hygiene<br>Equipment               | Screeners | Cleaners/Janitors                              | Isolation Room/Area | Team Members/Workers (all others) |
|---|-----------|--|---------------------|-----------------------------------|
| N95 Masks*  | ✓         | ✓ (or Cloth Face Coverings/<br>Surgical Masks) | ✓                   |                                   |
| Face Shields  | ✓         | ✓  | ✓                   |                                   |
| Gloves**  | ✓         | ✓  | ✓                   |                                   |
| Gowns   | ✓         |  | ✓                   |                                   |
| Cloth Face Coverings/ Surgical Masks                |           | ✓ (or N95 masks*)                              |                     | ✓                                 |
| Appropriate Soap and Hand Washing Station/Sanitizer | ✓         | ✓  | ✓                   | ✓                                 |

Additional OSHA Regulatory Requirements - may be additional state and local regulations

\* N95 masks triggers both PPE and Respiratory Protection regulations

\*\* Gloves trigger PPE regulation





## **COVID-19 Screening Options**



## Pulse Survey: Return-to-Workplace Strategies

#### Question:

Which of the following assessments or tests will your organization implement? (Respond for all that apply) (627 respondents)

|   | Yes | Actively Considering | No  |
|---|-----|----------------------|-----|
| Temperature checks at work sites with thermal cameras                                   | 23% | 43%                  | 33% |
| Temperature checks at work sites by trained staff members                               | 27% | 49%                  | 25% |
| Temperature checks at work sites on a self-reported basis                               | 21% | 51%                  | 28% |
| Health assessment survey  | 30% | 53%                  | 17% |
| Provide COVID-19 antibody (immunity) testing to employees, if available                 | 8%  | 58%                  | 34% |
| Provide COVID-19 PCR (diagnostic) testing to employees, if available                    | 8%  | 61%                  | 31% |
| Request employees to attest to taking a COVID-19 antibody (immunity) test, if available | 4%  | 49%                  | 47% |
| Request employees to attest to taking a COVID-19 PCR (diagnostic) test, if available    | 6%  | 50%                  | 44% |
| Other   | 13% | 16%                  | 71% |



## The Goals and Types of Screening for Return to the Workplace

#### Goals:

- Reassure employees that a thoughtful Return to Workplace plan is in place
- Reduce the potential of transmission at the workplace
- Follow the regulatory guidelines

The five screening types that employers can leverage are:



**Employee Attestation** 



Temperature Screenings



Polymerase Chain Reaction (PCR) tests



Antibody\*







<sup>\*</sup>According to the EEOC, Antibody tests cannot be required of employees before they are permitted to re-enter the workplace

## Screenings

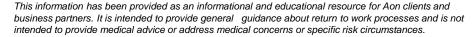
#### **Screening Type Description Strengths Considerations** Individual attests that they have no Low cost for minimal effort and can Only measures symptomatic, not key symptoms associated with be done frequently (daily) asymptomatic carriers or pre-COVID-19, based on CDC definitions Technology can be leveraged symptomatic individuals (CDC Attestation can be done via app, estimates that more than 25% of written statement, and/or often as a COVID-19 cases are asymptomatic)<sup>1</sup> Based on employees subjective checkpoint at entry feedback for symptoms **Employee Attestation** Measurement of an individual's body Inexpensive way to identify Only a baseline qualitative measurement for illness temperature prior to entry onsite symptomatic individuals Thermal cameras and other Only identifies symptomatic Multiple modalities exist, including thermal cameras at entry, personal technology allows for screening individuals1 multiple people at the same time Not all symptomatic individuals have thermometers and Bluetooth and data collection fever or may be treating fever with thermometers Temperature thresholds may vary Employees can be asked to do medication based on local guidelines temperature check before coming to Limitations to the accuracy of some workplace and stay home if thermometers **Temperature** • If in person, screeners should be temperature > threshold **Screenings** EEOC has confirmed that wearing appropriate PPE employers can measure body temperature before allowing access to the workplace<sup>2</sup> sses and is not intended to provide medical advice or address medical concerns or specific risk circumstances



## Diagnostic Testing (determines active infection)

■ Diagnostic tests determine if the virus or components of the virus are present in an individual

| Diagnostic Testing Type               | Description  | Strengths   | Considerations  |
|---------------------------------------|--|---|---|
| Polymerase Chain Reaction (PCR) Tests | <ul> <li>PCR</li> <li>Uses genetic material from virus through mucous, saliva or lung tissue (swab of nose or throat)</li> </ul> | <ul> <li>Most are FDA approved</li> <li>Most reliable diagnostic test</li> </ul>  | <ul> <li>Provider order required</li> <li>Must be done in a CLIA certified lab</li> <li>24-72 hours to receive results</li> <li>30% false negative rate</li> </ul>  |
|                                       | <ul> <li>rrT – PCR</li> <li>Rapid real-time test that uses genetic material from mucous or saliva (nasal canal swab)</li> </ul>  | <ul> <li>Runs on analysis equipment widely available in high and moderate complexity labs</li> <li>&lt; 24 hours to receive results</li> <li>Can be self-administered through a nasal swab</li> </ul>               | <ul> <li>Select few have FDA EUA approval</li> <li>Provider order required – even for at home tests</li> <li>Reporting to FDA is required to validate continued reliability and efficacy</li> <li>Reliability similar to PCR</li> </ul>           |
| ?                                     | <ul> <li>Rapid test through mucous, saliva,<br/>or throat swab</li> </ul>  | <ul> <li>Uses similar technology currently available in doctor's office for other rapid tests such as strep testing</li> <li>Results available in just minutes</li> <li>Positive results highly accurate</li> </ul> | <ul> <li>Only one FDA EUA approved</li> <li>Provider order required</li> <li>Higher chance of false negatives</li> <li>PCR test required as a follow up for positive or negative results, but treatment may begin for positive results</li> </ul> |
| Antigen Test                          |  |   |   |





## Antibody Testing and Considerations from the EEOC

Typically antibody testing is used to determine if an individual has mounted an immune response to a virus in the past. For COVID-19, it is not confirmed that the presence of antibodies indicates immunity.

#### According to the EEOC:

- · Antibody tests cannot be required of employees before they are permitted to re-enter the workplace
- COVID-19 antibody tests are an impermissible medical examination under the Americans with Disabilities Act
- An antibody test at this time does not meet the ADA's "job related and consistent with business necessity" standard for medical examinations or inquiries for current employees.

| Antibody Testing Type | Description  | Strengths   | Considerations   |
|-----------------------|--|---|--|
| Antibody              | <ul> <li>Venipuncture</li> <li>Blood test analyzed in lab (ELIZA - Enzyme-linked immunoassay) done through blood draw</li> <li>Blood draw must be done by credentialed provider</li> </ul> | <ul> <li>Many have FDA or FDA EUA approval</li> <li>Results available in &lt; 24 hours</li> <li>Effective way to track spread of the virus in a population</li> </ul> | <ul> <li>Provider order required</li> <li>Further evidence needed on quality of tests</li> <li>Does not diagnose current infection</li> <li>Likelihood and duration of immunity unknown</li> </ul>   |
|                       | Fingerstick  Rapid test via blood droplet (finger prick)  Processing will likely need a moderate complexity facility   | <ul> <li>Processing depends on test<br/>manufacturer and may be done in<br/>any environment</li> <li>Results available in a few minutes</li> </ul>                    | <ul> <li>Further evidence needed on quality of tests</li> <li>Provider approval required</li> <li>Does not diagnose current infection</li> <li>Likelihood and duration of immunity unknown</li> <li>Select few FDA EUA approved</li> </ul> |



## **Contact Tracing Overview**

#### What is it?1

- Traces and monitors contact of infected people and notifies of exposure
- Supports the guarantine of contacts to prevent additional transition
- States, tribes, localities and territories are establishing large cadres of contact tracers
- Adoption of digital tools may expand reach and efficacy

#### Impact

■ If done efficiently, holds significant promise in reducing spread of the virus – in some populations can reduce infectivity by up to 85%²

#### **Current Uses**

- Traditional public health tactic used when a diagnosed individual with a communicable disease is deemed highly infectious and has high risk of morbidity and or mortality
- Employers currently support contract tracing based on public health, safety and labor regulations; typically a manual function

#### **Opportunities and Considerations**

- Digital applications are likely to improve accuracy and speed, enhancing the efforts to control spread COVID-193, thereby contributing to economic recovery
- CDC issued guidelines to help evaluate digital contact tracing apps on May 20<sup>th1</sup>
- Biggest challenge will be to balance protecting workforce/public health risk and personal privacy rights

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<sup>3</sup>Morely, J et al, Ethical guidelines for COVID-19 tracing Apps, Nature 582: 29-31 4 June 2020:

Necessity & Proportionate Value Define & Accuracy, Limited Efficiency & **Appeal** Purpose **Contact Tracing** Considerations<sup>3</sup> Choice. Universally Consent. available. Control & Interoperable Opt-out Privacy & **Anonymity** 

<sup>&</sup>lt;sup>1</sup> https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html

<sup>&</sup>lt;sup>2</sup> Ferretti L, Wymant C, Kendall M, et al. Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing. *Science*. 2020 <sup>3</sup>Morely, Let al. Ethical guidelines for COVID 10 tracing Apps. Nature 583: 20.31.4 June 2020:

## Aon Screening for Return To Work Resources

#### Below are the cross-functional team resources:

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### Sources

Center for Disease Control: Business Response:

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Center for Disease Control: Symptoms of Coronavirus:

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

Department of Labor: FFCRA

https://www.dol.gov/agencies/whd/pandemic/ffcra-questions

Job Accommodation Network:

https://askjan.org/index.cfm

Henry Schein, Inc:

https://www.henryschein.com/us-en/corporate/coronavirus-education-center.aspx.

Equal Employment Opportunity Commission:

https://www.eeoc.gov/coronavirus/

https://www.eeoc.gov/facts/pandemic\_flu.html

Department of Labor:

https://www.dol.gov/agencies/whd/pandemic/ffcra-questions

Nature Medicine:

https://www.nature.com/articles/s41591-020-0869-5

Medical Device Network:

https://www.medicaldevice-network.com/features/types-of-covid-19-test-antibody-pcr-antigen



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