

WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace
Questions and Answers – Week 25
Sept. 2, 2020

The following questions were asked during WorkCare’s weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 25. This week’s session featured a review of Centers for Disease Control and Prevention (CDC) COVID-19 testing guidelines and recommended best clinical practices. Anthony Harris, M.D., M.B.A., M.P.H., WorkCare’s Chief Innovation Officer and Associate Medical Director - Onsite Clinical Operations, presented the webinar and provided these answers. If your question is not answered here, it was answered in a previous Q&A.

Here are links for your reference:

- [September 2 webinar recording](#)
- [August 26 webinar recording](#)
- [Questions & Answers from the August 26 webinar](#)

TESTING AND EXPOSURE RISK

- Q:** If a person is tested due to symptoms that are suspected to be sinusitis or allergies and not COVID-19, does he or she need to self-isolate until results are received?
- A:** The CDC recommends that if you get tested because of suspicion of exposure or on the recommendation of a clinician, you are advised to self-isolate until you get the results. That is best practice. If you have a high enough concern to get tested, such as symptoms, and you are an essential worker, that may not be the scenario. You may need to take necessary precautions and continue to work until you get the results back. We have a protocol and best practice for that, as well. Case-by-case, a physician needs to be involved to help make the call of, “yes, we are concerned about the potential for infection in this case,” or “no, there is low suspicion.” With a negative test result and low likelihood of exposure, concern about the risk of spreading the virus is much, much lower.
- Q:** Have you worked with any critical infrastructure employers who have followed the guidance of letting employees who were exposed continue to work if symptom free? If yes, has this led to an increase in workplace spread?
- A:** Yes, we have worked with employers in that scenario for critical infrastructure workers. The second half of the answer is that we don’t know yet. Not enough time has elapsed for us to fully understand the impact in terms of rates of transmission. We haven’t seen any big red flags immediately thereafter, but we do need to look more retrospectively at this data as time goes forward.
- Q:** What are your thoughts on the *New York Times* article about PCR testing being too sensitive and the potential effect on false-positive results?
- A:** I haven’t dug into this article, in particular. However, with regard to being too sensitive of a test, it is not necessarily the sensitivity that is concerning. If there is high specificity along with high sensitivity, then we are reassured that whatever we are detecting is being detected at a high rate of fidelity and is in fact what we are looking for, in this case SARS-CoV-2. Having a high sensitivity in isolation is not a good scenario, and it does increase the chance of getting a false-positive result. But when you have both high sensitivity and specificity, then you know you have a good test.
- Q:** Should a contact wait to be tested on day 4-5 after exposure when we do contact tracing and not get tested before that?

- A:** Correct. After being exposed to a potential or known case, you may get tested on day 4, but the optimal time is day 5. Any time sooner risks a false negative. If you get tested on the day of exposure you have a 100 percent chance of a false negative. Testing on or after day 5 and increases the likelihood of having a valid result.
- Q:** Should an employer require employees who sit more than 6 feet away from each other also require them to wear a mask at the same time? The CDC says a mask is not a substitute for social distancing. If people are at least 6 feet away from each other while working, can't they have their mask off unless they get up and walk around or someone comes into their work area? Isn't social distancing the first line of defense?
- A:** While social distancing is a first line of defense, if we look at the hierarchy of controls in terms of industrial hygiene, reducing the exposure is always ranked higher in terms of effectiveness than PPE, such as a face covering. So, yes, social distancing is more important when we talk about the scenario in this case. Should we require PPE in addition to social distancing? The answer is “yes,” because even in a social distance scenario, if someone does not practice good hygiene when they cough or sneeze to catch droplets, those expectorants may travel farther than that 6-foot radius. We know this to be true from multiple studies. Wearing masks helps decrease human error or poor compliance with good cough etiquette. Masks are always beneficial when having a conversation, but they are even more beneficial when someone coughs or sneezes.
- Q:** Is one daily cleaning for a site that generally sees about 15 employees passing through, but not usually onsite all at one time, sufficient for preventing spread through fomites?
- A:** It depends on the nature of the environment itself. Is it a common area where people are spending several hours but it's only a few people, or is it a scenario where people are spending time and they have a number of instruments around them that can become fomites? If it is a just a room and a table with a computer, you have less risk of contamination exposure from fomite sampling. But if you have a complex area and a lot of difficult-to-clean surfaces, you may want to consider having a cleaning regimen that is more frequent than just once a day.