

WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace
Questions & Answers – Week 29
Sept. 30, 2020

The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 29. This week's session focused on mental health impacts of pandemic. 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 30 webinar recording](#)
- [September 23 webinar recording](#)
- [Questions & Answers from the September 23 webinar](#)

MENTAL HEALTH

Q: How well-equipped do you think U.S. employers are to identify and manage mental health conditions that are affecting employees' productivity and behaviors on the job?

A: If you are asking about how well-prepared employers are who already had something in place to address mental health issues *before* the increase in demand for interventions due to the pandemic, unfortunately, I would say they are in the same boat as most of the clinical community: We are not prepared. We are missing significant numbers of the workforce in terms of identifying who has depressive symptoms or whose mental health is otherwise affected because of COVID-19. We know that factors most deeply impacting individuals include loss of a loved one or loss of a job, along with social isolation and other circumstances affecting individuals and family members. Regarding our true understanding of the impact, we are only estimating based on sub-segments of the literature being presented, and we know that it is likely underestimating incidents of depression and other mental health disorders. At this time, we don't have the capacity on either the clinical or the employer side to undertake the number of people being affected by the pandemic. That is why we need new tools and approaches for mental health screening, triage and referrals.

Q: Since I work in environment, health and safety (EH&S) and not human resources, can I approach fellow employees about their mental health or is it better to have HR handle all interactions?

A: We believe EH&S should work with human resources, but it is definitely within the purview of EH&S to address mental health and wellness. That is what we are trying to promote at WorkCare. EH&S has traditionally been directed toward physical ailments associated with workplace exposures. As we focus on the mental health impacts, which in some cases have been shown to be even more dramatic in terms of performance hindrances, we want to empower and educate EH&S professionals to take on that role because we need to direct more resources toward this important issue and its impacts.

TESTING

Q: Can we let an employee come back to work if they have symptoms such as a stuffy nose, they are not sure if it is from allergies or COVID-19, and they get a negative test result? Or, should we still require two negative tests or a single test that meets accuracy standards?

A: The official WHO and CDC recommendations are still to have that person self-isolate if they are symptomatic and do not have an underlying, pre-existing condition. If they have a negative test and a

consultation with a clinician, they may be able to come back to work sooner if they fall into the category of individuals who are in the essential workforce, provided that they can wear a mask and socially distance in the workplace. We do know that people are officially no longer infectious after 10 days. There is newly published literature showing that individuals may no longer be contagious seven days after becoming infected. So, those who are symptomatic and concerning enough for potential exposure to COVID 19 should still have a period of self-isolation for seven days. Two negative tests have gone out of favor with the CDC and are not readily recommended in clinical practice because of the lack of availability of testing across the board. Unfortunately, that is the situation we are in until we have more highly specific tests that can be relied upon no matter where you are tested – and that is another issue. If you go get tested and you are unsure about the validity and specificity of the test that was performed, we can't make a clinical call on the likelihood of you truly being infectious if you are symptomatic. We still don't have a definitive, clear line on how to get people with symptoms back to work only a day or two after they have a negative test result.

- Q:** Can you clarify the reliability of PCR testing? What I understand is when this test is copied over 30 times, it is almost always positive, and when copied over 40 times, always positive. PCR test primer sequence is found in all human DNA. Because of this, the developer/researcher of PCR stated this test should never be used to detect a virus.
- A:** PCR tests detect the presence of a genetic material of the virus itself. One of the metrics used in PCR is cycles – how many cycle counts are necessary in terms of replicating or amplifying genetic material that can be present before being detected by the test itself? Right now there are many PCR test kits and methodologies that vary in their sensitivity and specificity. It is a case-by-case, kit-by-kit, methodology-by-methodology approach. There is not a blanket answer on that. Even if two labs used the same approach and the same kit, they may have difference performance metrics with regard to sensitivity and specificity, either because of user error or the equipment they are using. It is a complex question with a complex answer. In general, PCR is still regarded as the gold standard for COVID-19 detection, and we do not see that going by the wayside with the CDC or WHO any time soon. However, we know there are other approaches, such as aptamers (peptide molecules) that can detect other genetic material. We have also heard about light microscopy with AI incorporated that can detect the presence of virus in a saliva sample within 30 seconds. But these are emerging technologies and probably won't surpass PCR for some time, if ever, at least from our perspective at this point in time.