Federal Testing Plan for Federal Workforce
April 7, 2021

Key Points
- The purpose of this guidance is to provide federal agencies with strategies to consider for incorporating testing for SARS-CoV-2, the virus that causes COVID-19, into their COVID-19 workplace safety plan.
- Workplace-based testing for SARS-CoV-2 could identify federal employees and contractors with SARS-CoV-2 infection, and thus help prevent or reduce further transmission.
- This guidance includes descriptions of different types of SARS-CoV-2 tests; scenarios where SARS-CoV-2 testing may be used; and considerations for screening testing (testing asymptomatic workers with no known or suspected exposure to SARS-CoV-2).
- This guidance does not address testing requirements for the federal workforce serving in healthcare facilities, nursing home and long-term care facilities, or correctional or detention facilities where setting-specific recommendations apply.
- Each federal agency should apply this guidance according to the situation in their workplace or workforce.

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Background

In accordance with the Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing, issued on January 21, 2021, and the Office of Management and Budget (OMB) Memorandum M-21-15, COVID-19 Safe Federal Workplace: Agency Model Safety Principles, the Secretary of Health and Human Services, through the Director of the Centers for Disease Control and Prevention (CDC), was directed to develop a testing plan for the federal workforce based on the latest guidance from CDC.

Purpose and Scope

The purpose of this document is to provide federal agencies with strategies to consider for incorporating testing for SARS-CoV-2, the virus that causes COVID-19, into their COVID-19 workplace health and safety plan. This document provides guidance for testing federal employees and contractors in the executive branch of the U.S. Government. Each federal agency should apply this guidance according to the situation in its workplace or workforce.

This guidance is based on community transmission metrics and addresses the populations to be tested, testing types, frequency of testing, protocols for positive test results, and coordination with state, territorial, tribal, and local health officials for contact tracing.

This document does not address decisions regarding payment for or insurance coverage of such testing.

This document does not address testing requirements for the federal workforce serving in healthcare facilities, nursing home and long-term care facilities, or other healthcare settings (e.g., Veterans Affairs facilities, Indian Health Service, or Department of Defense healthcare facilities) or correctional or detention facilities (e.g., Bureau of Prisons facilities, Immigration and Customs Enforcement detention facilities) where setting-specific recommendations apply.

These considerations are meant to supplement, not replace, any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which federal workplaces must comply. These strategies should be carried out in a manner consistent with existing laws and regulations, including laws protecting employee privacy and confidentiality. This guidance should also be carried out consistent with Equal Employment Opportunity Commission (EEOC) guidance regarding permissible testing policies and procedures.

Although testing has benefits for early identification and controlling outbreaks, it should be an integrated component of the comprehensive workplace program and not used as a substitute for other measures, such as COVID-19 vaccination, proper ventilation, temperature and symptom screening, physical distancing, mask wearing, hand hygiene, and cleaning and disinfection.

Types of Tests

Viral tests, including antigen tests and nucleic acid amplification tests (NAATs) are used **to detect infection** with SARS-CoV-2 by evaluating whether the virus is present in respiratory specimens or saliva (NAAT only). Results help identify infected people who need to isolate from other people to minimize transmission. There are two types of viral tests:

- NAATs, such as real-time reverse transcription-polymerase chain reaction (RT-PCR), are high-sensitivity, high-specificity tests for diagnosing SARS-CoV-2 infection. NAATs detect one or more viral ribonucleic acid (RNA) genes and indicate a current infection or a recent infection but, due to prolonged viral RNA detection, are not always direct evidence for the presence of virus capable of replicating or of being transmitted to others. Most NAATs need to be processed in a laboratory and time to results can vary (~1–3 days), but some NAATs are point-of-care tests with results available in about 15–45 minutes.
- Antigen tests are immunoassays that detect the presence of a specific viral antigen. Antigen tests generally have similar specificity but are less sensitive than most NAATs. Most can be processed at the point of care with results available in minutes and thus can be used in screening programs to quickly identify those who are likely to be contagious. Because of the performance characteristics of antigen tests, it may be necessary to confirm some antigen test results (e.g., a negative test in persons with symptoms or a positive test in persons without symptoms) with a laboratory-based NAAT. Furthermore, based on the authorization from FDA, some point-of-care NAATs cannot be used for confirmatory testing. Use of the Antigen Testing Algorithm is **recommended** to determine when confirmatory testing is needed.

Antibody (or serology) tests are used to **detect previous infection** with SARS-CoV-2. CDC does not recommend using antibody testing to diagnose current infection.

Intended Uses of SARS-CoV-2 Testing in Federal Workplaces
Diagnostic testing is intended to identify current infection and is performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic or presymptomatic but has recent known or suspected exposure to SARS-CoV-2.

Screening tests are intended to identify asymptomatic or presymptomatic infected persons without known or suspected exposure to SARS-CoV-2.

- Identifying persons who might be contagious but are unaware allows implementation of measures to prevent further transmission.
- Screening using tests that provide rapid results, such as point-of-care antigen tests, can be critical to interrupting SARS-CoV-2 transmission, particularly when done serially. This is especially important when community risk or transmission levels are substantial or high (see Table 2 below).

Considerations for Testing for SARS-CoV-2 Infection

Federal agencies can incorporate SARS-CoV-2 testing as part of a comprehensive approach to reducing transmission in non-healthcare workplaces. CDC recommends a layered approach to reduce workplace exposures to SARS-CoV-2. Symptom screening, testing, and contact tracing are strategies to identify workers infected with SARS-CoV-2 so that actions can be taken to slow and stop the spread of the virus.

Disclosures and Consent Elements
Employees undergoing testing should receive clear information on

- The manufacturer and name of the test, the type of test, the purpose of the test, the performance specifications of the test, any limitations associated with the test, who will pay for the test, how the test will be performed, how and when they will receive test results, and;

- How to understand what the results mean, actions associated with negative or positive results, the potential need for confirmatory testing, the difference between testing for workplace screening versus for medical diagnosis, who will receive the results, how the results may be used, and any consequences for declining to be tested.

Individuals tested are required to receive patient fact sheets as part of the test's emergency use authorization (EUA).

Pursuant to the Americans with Disabilities Act (ADA), when employers implement any mandatory testing of employees, it must be "job related and consistent with business necessity."
- In the context of the COVID-19 pandemic, the EEOC notes that testing to determine if an employee has a SARS-CoV-2 infection with an "accurate and reliable test" is permissible as a condition to enter the workplace because an employee with the virus will "pose a direct threat to the health of others."
- EEOC notes that testing administered by employers that is consistent with current CDC guidance will meet the ADA's business necessity standard.
- Workplace-based testing should not be conducted without the employee's consent.
- Employers who mandate workplace testing for SARS-CoV-2 infection should discuss further with employees who do not consent to testing and consider providing alternatives as feasible and appropriate, such as reassignment to tasks that can be performed via telework.

Testing Locations and Test Site Reporting Requirements
- Federal agencies should identify how to refer or provide diagnostic testing for employees who develop symptoms or have a known or suspected exposure to SARS-CoV-2. Some examples include an occupational medicine provider, nearby testing facilities, local healthcare institutions, or in consultation with the local or state health department.

- Alternatively, federal agencies can establish onsite capacity for diagnostic or screening testing. Point-of-care testing sites need to obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Some work-based healthcare professionals (e.g., occupational health nurses) may perform SARS-CoV-2 testing in work-based health centers if they are trained in specimen collection and performing the test according to the manufacturer's instructions. It is important that work-based healthcare professionals also have access to, and training on, the proper use of personal protective equipment (PPE).
- Every SARS-CoV-2 testing site (sometimes called COVID-19 testing site) is required to report diagnostic and screening test results to the appropriate state or local health officials .

Recordkeeping

The Occupational Safety and Health Administration (OSHA) has issued Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace and interim guidance for enforcing the requirements of 29 CFR Part 1904, Recording and Reporting Occupational Injuries and Illness, with respect to the recording of occupational illnesses, specifically cases of COVID-19.

- Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19 on Form 300 logs if the following requirements are met:
  - (1) the case is a confirmed case of COVID-19;
  - (2) the case is work-related (as defined by 29 CFR 1904.5); and
  - (3) the case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment beyond first aid, days away from work).
- Employers must follow the requirements in 29 CFR 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA. More information is available on OSHA's website. Employers should also report outbreaks to health departments as required and support their contact tracing efforts.
- Employers are encouraged to frequently check OSHA Injury and Illness Recordkeeping and Reporting Requirements webpage for updates.

SARS-CoV-2 Testing Scenarios

Diagnostic Testing

Testing persons with signs or symptoms consistent with COVID-19

Federal agencies should refer any employee with signs and symptoms of COVID-19 for diagnostic testing.
- CDC recommends that any unvaccinated person with symptoms of COVID-19 be tested and follow the advice of the person's healthcare provider. Fully vaccinated federal employees with symptoms of COVID-19 should consult their healthcare provider or a public health professional about the need for testing.
- Federal agencies should identify where to refer employees for diagnostic testing.
- Federal agencies should advise employees to stay home if they are sick.
- Federal agencies should conduct daily in-person or virtual health checks (e.g., symptom and temperature screening) to identify employees with signs or symptoms consistent with COVID-19 before they enter a facility, in accordance with CDC's Guidance for Businesses and Employers Responding to Coronavirus Disease 2019.

- Workers with COVID-19 symptoms should be immediately separated from other employees, customers, and visitors, and sent home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance for caring for oneself.
- Symptomatic workers waiting for test results should isolate at home to keep potentially infected workers out of the federal workplace.
- Federal employees are encouraged to implement flexible, nonpunitive sick leave and supportive policies as part of a comprehensive approach to prevent and reduce transmission among employees.
- Positive test results using a viral test should be interpreted to indicate that a person has COVID-19 and should not come to work and should isolate at home. Decisions to discontinue isolation for workers with COVID-19 and allow them to return to the workplace may follow either a symptom-based, time-based, or a test-based strategy. In most cases, a test-based strategy to end isolation is not recommended (see the "How to determine resolution of infection" section below).

Testing asymptomatic persons with recent known or suspected exposure to SARS-CoV-2

Federal employees who have been exposed at work or outside of work should receive diagnostic testing.
- Because of the potential for asymptomatic and pre-symptomatic transmission of SARS-CoV-2, it is important that workers exposed to people with known or suspected COVID-19 be quickly identified and quarantined. While CDC continues to recommend a 14-day quarantine for unvaccinated individuals who are close contacts of a person with COVID-19, viral testing may also be used as part of an option to shorten the quarantine period.
- Viral testing is recommended for workers immediately after being identified as a close contact, and if negative, they should be tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.
- For workers who previously received positive test results and do not have symptoms of COVID-19, retesting is not recommended for up to 3 months from their last positive test result, and they do not have to quarantine as long as they do not develop new symptoms.
- Most workers who are fully vaccinated against COVID-19 are not required to quarantine or be tested if they are exposed, if they show no symptoms; however, they should still monitor for symptoms of COVID-19 for 14 days following an exposure. Fully vaccinated workers in non-healthcare congregate settings and other high-density workplaces should be tested after an exposure.

Federal agencies should provide diagnostic testing for employees who had close contact (within 6 feet for a combined total of 15 minutes or more during a 24-hour period) with persons with COVID-19 at work.

- This testing should be provided at a convenient place and time and at no cost to the employee.

Federal agencies should refer or provide diagnostic testing for any employee who had close contact (within 6 feet for a combined total of 15 minutes or more during a 24-hour period) with persons with COVID-19 outside of work.

Federal agencies can consider providing diagnostic testing for employees who might have been in close contact (possible contacts) in the workplace with persons diagnosed with COVID-19.

- A risk-based approach to testing possible contacts of a worker with confirmed COVID-19 may be applied. Such an approach should take into consideration the likelihood of exposure, which is affected by the characteristics of the workplace and the results of contact investigations.

- Broader testing (i.e., testing beyond individually identified close contacts to those who are possible close contacts), such as targeting workers who worked in the same area and during the same shift, but not identified as close contacts, may be considered as part of a strategy to control the transmission of SARS-CoV-2 in the workplace. High-risk settings with potential for rapid and widespread dissemination of SARS-CoV-2 include:
  - Workplaces where workers are in the workplace for long periods (e.g., for 8–12 hours per shift) and have prolonged close contact with coworkers (e.g., working in an air traffic control tower).
  - Workplaces where employees live in communal living arrangements (e.g., workers on vessels or in wildland firefighter camps).
  - Workplaces with populations at increased risk for severe illness if they are infected and workplaces in rural areas or with older workers.
  - Workplaces where the risk to the government's mission is high if an outbreak occurs
- Onsite testing capacity, if developed, may be exceeded when many workers participate in broader testing. Performing Broad-Based Testing for SARS-CoV-2 provides consideration on the logistics of broader testing. Alternatively, broader testing can be performed at other testing locations.

Federal agencies can consider offering testing as part of an option to shorten the quarantine period to mitigate staffing shortages, but this is not the preferred option for reducing the risk of SARS-CoV-2 transmission.

- Federal agencies should consider workplace characteristics when determining if this additional transmission risk is acceptable (e.g., level of community transmission, ability to maintain physical distancing, proportion of employees at increased risk for severe illness, and priority of operations).

Screening Testing

Testing asymptomatic persons without known or suspected exposure to SARS-CoV-2

Viral testing of asymptomatic workers without known or suspected exposure to SARS-CoV-2 (screening testing) may be useful to detect SARS-CoV-2 early and stop transmission quickly, particularly in areas with community COVID-19 indicators in the moderate to high categorizations (Table 2, Table 3). Persons with asymptomatic or presymptomatic SARS-CoV-2 infection are significant contributors to SARS-CoV-2 transmission. Screening testing should be used as an addition to, not as a replacement for, other prevention strategies.

Fully vaccinated workers should continue to follow employer guidance, such as Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing and OMB Memorandum M-21-15, COVID-19 Safe Federal Workplace: Agency Model Safety Principles. Please see Interim Public Health Recommendations for Fully Vaccinated People for more information.

Types of federal workplaces that might consider implementing screening include:

- Workplaces at increased risk of introduction of SARS-CoV-2 (e.g., workplaces where workers are in close contact with the public or workplaces in communities with moderate to high transmission).
- Workplaces where there is a higher risk of SARS-CoV-2 exposure or transmission (e.g., workplaces where physical distancing is difficult and workers might be in close contact).
- Workplaces where SARS-CoV-2 infection among employees will lead to greater negative impact, such as
  - Workplaces in remote settings where medical evaluation or treatment may be delayed.
  - Workplaces where continuity of operations is a high priority.

o   Workplaces with a high proportion of employees or other people (e.g., visitors) at increased risk for severe illness.

o   Workplaces where there is a high likelihood of impacting mission critical activities.

Guidance for federal agencies implementing a screening testing program

Type of test

- Important attributes to consider when selecting the type of test or tests used for screening include ready availability, cost, and rapid turnaround time.
- A screening program with either NAATs or antigen tests could be effective in helping to prevent transmission.
- Table 1 summarizes some characteristics of NAATs and antigen tests to consider for a screening testing program.
- Employees with a positive NAAT result should not come to work and should isolate at home. A negative NAAT result is interpreted as no evidence of SARS-CoV-2 infection at the time when the testing specimen was collected. Employees who test negative should continue to take steps to protect themselves and others.
- Some antigen test results should be considered presumptive (preliminary results) and require confirmatory testing. Asymptomatic employees who have a positive antigen screening test result should undergo a laboratory-based confirmatory NAAT. They should not come to work and should quarantine at home during confirmatory testing. Refer to CDC's Interim Guidance for Antigen Testing for SARS-CoV-2 for more information on how to interpret antigen test results.

Table 1. NAATs and Antigen Test Differences to Consider When Planning a Screening Testing Program

Characteristic	NAATs	Antigen tests
Detection target	Viral ribonucleic acid (RNA)	Viral protein
Specimen type	Nasal, Nasopharyngeal, Oropharyngeal, Sputum (most tests), Saliva (few tests)	Nasal, Nasopharyngeal
Sensitivity	Varies by test, but generally high for laboratory-based tests but moderate to high for POC tests	Varies depending on the course of infection, but generally moderate-to-high at times of peak viral load*
Specificity	High	High
Advantages	Most sensitive test method available	Short turnaround time (approximately 15 minutes)
	Usually does not need to be repeated to confirm results	When performed at or near POC, allows for rapid identification of infected workers, thus preventing further virus transmission at the workplace
	Short turnaround time for NAAT POC tests, but few available	Lower cost per test
Disadvantages	Higher cost per test	May need confirmatory testing
	Longer turnaround time (1–3 days) is less effective for interrupting virus transmission, except for POC versions	Less sensitive (more false negative results) compared to NAATs, especially among asymptomatic people
	May detect viral RNA after risk of transmission has passed	

POC, point of care.
*The decreased sensitivity of antigen tests might be offset if the point-of-care antigen tests are repeated more frequently (i.e., serial testing at least weekly).

Frequency of screening testing

Serial testing is testing that is repeated over time (e.g., weekly), either on the same individual or on the same group (e.g., a workplace or segment of a workplace).

- Serial testing is primarily used for screening but could also be used for diagnostic purposes.
- Because there could be a delay between the time a person is exposed to the virus and the time the infection can be detected by testing, early testing after exposure at a single time point might miss many infections.
- Serial testing can be more likely to detect infection than testing done at a single point in time. It can also help identify persons who were originally not exposed nor infected but who subsequently became exposed and infected during the time between tests.

Federal workplaces should consider the following factors when determining the frequency of screening testing:

- Availability of testing, short turnaround time (e.g., same day), and cost.
- Latency time period between exposure and development of a positive SARS-CoV-2 viral test.
- Workplace characteristics.
- Level of community transmission (Table 2, Table 3).
- How many employees tested positive during previous rounds of testing.
- Relevant experience with outbreaks at the workplace.

Table 2. Community Indicators at the County Level@

Indicator	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Cumulative number of new cases per 100,000 persons within the last 7 days*	<10	10–49	50–99	>100
Percentage of NAATs that are positive during the last 7 days†	<5%	5%–7.9%	8%–9.9%	>10%

Indicators should be calculated for counties or core based statistical areas, although in rural areas with low population density, multiple jurisdictions might need to be combined to make the indicators more useful for decision-making. The indicators listed can be found by county on CDC's COVID Data Tracker Website under "county view."

@ If the two indicators suggest different transmission levels, the higher level should be selected.

* Number of new cases in the county (or other administrative level) in the last 7 days divided by the population in the county (or other administrative level) and multiplying by 100,000.

† Number of positive tests in the county (or other administrative level) during the last 7 days divided by the total number of tests resulted in the county (or other administrative level) during the last 7 days. Calculating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation.

Table 3. Potential Actions based on Community Indicator Level

Prevention Strategy	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Facilitate diagnostic testing for symptomatic persons and all close contacts of cases	(Blue)			
Facilitate diagnostic testing for symptomatic persons and all close contacts of cases		(Yellow)		
Implement screening testing of workplaces or segments of workplaces at least weekly plus facilitate diagnostic testing of symptomatic persons and close contacts			(Orange)	
Implement screening testing of workplaces or segments of workplaces at least weekly plus facilitate diagnostic testing of symptomatic persons and close contacts				(Red)

Other considerations

State, local, territorial, and tribal health departments may be able to provide assistance on any local context or guidance impacting a federal workplace.

Before testing a large proportion of asymptomatic workers without known or suspected exposure, federal agencies should have a plan in place for how they will do the following:

- Ensure access to clinical evaluation and confirmatory testing when needed.
- Ensure test results are reported to public health departments.
- Modify operations based on test results.
- Collaborate with public health departments in workplace case investigation and contact tracing.
- Manage a higher risk of false positive results in a low prevalence population.

Federal agencies should provide testing for employees traveling on official business in accordance with CDC guidance on domestic and international travel during COVID-19.

- All travelers are required to wear a mask on all planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- All travelers should know and follow all recommendations and requirements at every travel destination on their journey, including requirements for their home jurisdiction (i.e., all local, state, territorial and international requirements).
- All travelers should self-monitor for COVID-19 symptoms after travel.
- All air passengers coming to the United States, including U.S. citizens, are **required** to have a negative SARS-CoV-2 test result or documentation of recovery from COVID-19 before they board a flight to the United States.
- CDC recommends that unvaccinated travelers get tested with a viral test 1–3 days before travel and 3–5 days after travel, combined with a period of 7 days of self-quarantine. Employees should not travel if they have a positive test result or are awaiting results.
- Fully vaccinated travelers do not need to get tested before or after domestic travel or quarantine unless their destination requires it.

- For [international travel](), CDC recommends that fully vaccinated travelers do not need to get tested before leaving the United States unless the travel destination requires it. They should get tested 3–5 days after travel but do not need to quarantine fin the United States following international travel.

How to Determine Resolution of Infection

Federal agencies should follow CDC guidance on [Disposition of Non-Hospitalized Patients with COVID-19.]()

- The decision to end isolation and return to the workplace for employees with suspected or confirmed SARS-CoV-2 infection should be made in the context of clinical and local circumstances.
- In most cases, a test-based strategy to end isolation and return to the workplace is not recommended.

Additional Resources

CDC
- [CDC COVID-19 Website]()
- [CDC Data Tracker]()
- [Business and Workplaces]()
- [General Business Frequently Asked Questions]()
- [Overview of Testing for SARS-CoV-2 (COVID-19)]()
- [Testing in Non-Healthcare Workplaces]()
- [Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified]()
- [Public Health Recommendations for Fully Vaccinated People]()

OSHA
- [OSHA COVID-19 Website]()
- [Protecting Workers: Guidance on Mitigation and Preventing the Spread of COVID-19 in the Workplace]()
- [OSHA Injury and Illness Recordkeeping and Reporting Requirements]()

FDA
- [Emergency Use Authorizations (EUAs) for SARS-CoV-2 Diagnostic Tests]()