NARA COVID-19 Response

Fact Sheet #12, version 8: COVID-19 Testing Program

March 29, 2023

This fact sheet provides guidance to help protect NARA staff and reduce the spread of the 2019 novel coronavirus disease (COVID-19) in the workplace. This fact sheet has been updated to remove all requirements for vaccination attestation and COVID-19 testing. This fact sheet has been updated to incorporate reimbursement procedures for COVID-19 tests required for official business travel. This fact sheet supersedes all previous versions.

Confidentiality requirement: NARA employees and contractors who collect or view vaccination information or COVID-19 test results must protect vaccination status or COVID-19 test results of employees, contractors, or public visitors from unauthorized disclosure and will use this information only for legitimate business purposes that are consistent with the authorized uses of the data under Office of Personnel Management (OPM) System of Records Notice (SORN) GOVT-10.

1. COVID-19 testing for NARA employees.

NARA will provide COVID-19 testing for all employees who require testing in order to conduct official government business, regardless of vaccination status.

a. NARA requires employees to obtain a COVID-19 test at least five days after a known close contact (if the employee is needed on-site after the close contact or is needed to interact with the public in their official capacity and has not tested positive in the past 30 days).

b. NARA requires employees to obtain a COVID-19 test before or after official business travel only when the Centers for Disease Control and Prevention (CDC) recommends or requires testing. NARA recommends, but does not require, testing before or after official business travel when the CDC recommends that travelers *consider* COVID-19 testing. **Travelers are responsible for checking CDC travel guidance and must obtain a COVID-19 test when required.**

c. NARA will provide duty time and will reimburse employees for the cost of obtaining a COVID-19 test when NARA requires the employee to obtain a COVID-19 test after a close contact, when required to conduct official business travel, or when required by another entity in order to enter a non-NARA worksite for official business. NARA will not provide duty time and reimburse employees for costs to obtain a COVID-19 test that is not required by NARA policy, except when an employee chooses to test after a close

contact (within 6 feet for a total of 15 minutes over a 24 hour period) in the workplace with a person who has received a positive COVID-19 test result.

d. Employees must obtain their own COVID-19 test and will be granted duty time and reimbursed for the costs of obtaining a COVID-19 test according to all of the procedures and requirements in paragraph 2, below. Employees must obtain a COVID-19 test that meets all of the requirements for COVID-19 test results in paragraph 3, below, in order to receive duty time and reimbursement.

e. NARA does not provide routine ("serial", or "screening") COVID-19 testing for employees. NARA will not provide COVID-19 testing to visitors and will not reimburse visitors for COVID-19 tests that are required for access to NARA facilities.

2. Reimbursement procedure.

a. Employees seeking reimbursement for a COVID-19 test <u>not</u> related to official business travel must submit a local travel voucher through the government-wide travel system, Concur. At the end of each fiscal quarter (December 31, March 31, June 30, and September 30), employees may request reimbursement for all COVID-19 costs incurred in the previous quarter.

b. Employees seeking reimbursement for a COVID-19 test that was required for official business travel must request reimbursement for the cost of a COVID-19 test when they submit their travel voucher for the trip. If the trip is cancelled, the traveler can request reimbursement for the cost of the COVID-19 test on a local travel voucher, following the procedure in paragraph 2a, above. Employees are encouraged but not required to include the cost of COVID-19 testing in their travel authorization if they know they will require testing as a part of their official business travel.

c. Employees seeking reimbursement must retain all receipts for COVID-19 tests and upload them into Concur. NARA will not reimburse the costs of COVID-19 tests that are not supported by receipts.

d. Employees may request reimbursement for reasonable travel costs necessary to obtain a test, provided that travel expenses were approved in advance. In general, reasonable travel costs refers to mileage to and from the testing site. If the employee begins or ends the trip from a location other than the worksite, ordinary commuting mileage will be deducted. Employees seeking reimbursement for travel costs to obtain a COVID-19 test must include these expenses with their quarterly request for reimbursement for the costs of the tests.

e. NARA will not reimburse employee costs to obtain COVID-19 tests that do not meet all of the requirements for COVID-19 test results in in paragraph 3, below. The supervisor or travel approver (if that is a person other than the supervisor) must ensure that employee requests for reimbursement only include test results that were required at the time they

were administered and meet NARA requirements for acceptable COVID-19 tests.

3. NARA requirements for acceptable COVID-19 tests.

a. Employees requiring testing must obtain an acceptable COVID-19 test from an acceptable source.

(1) Employees must obtain a *viral* COVID-19 test administered by a pharmacy, health care provider, laboratory, clinic, government testing site, or similar facility. NARA will not accept the results of antibody tests or at-home or self-test kits.

(2) The U.S. Department of Health and Human Services (HHS) maintains a nation-wide list of COVID-19 testing sites here. Employees who want to obtain a COVID-19 test from a location not listed on the HHS site must receive supervisory approval in advance.

(3) NARA determines acceptable COVID-19 tests based on testing guidance from the Safer Federal Workforce Taskforce, the U.S. Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC).

b. Employees who require testing are responsible for submitting their COVID-19 test results to their supervisor when required.

c. Supervisors must ensure that their employees who require testing provide COVID-19 test results that meet the following requirements. Supervisors should accept COVID-19 test results in electronic or paper format, as long as the test results meet all of these standards.

(1) **Test type.** Test results must indicate they are from a *viral* COVID-19 test. NARA does not accept the results of antibody tests.

(2) **Issuing entity.** Test results must include the name of the pharmacy, health care provider, laboratory, clinic, government testing site, or similar facility that administered the test. The results of at-home or self-test kits – or test results that do not clearly identify the entity that performed the test – are not acceptable.

(3) **Test date.** When a test result must be produced within a certain time period, the age of a test will be based on the *specimen collection date*, not the date the lab received the specimen or the date the result was reported.

(4) **Identification.** The test result must include the employee's name. Supervisors must be able to readily determine that the employee presenting the COVID-19 test result is the individual who took the test.

(5) **Results.** Test results must be negative, or "not detected". An employee who presents a positive COVID-19 test result must leave the worksite immediately,

and contact tracing procedures must be initiated. NARA reimburses employees for the costs of qualifying tests, regardless of the test result.

d. Supervisors must retain copies of employee COVID-19 test results in a secure environment (locked filing cabinet or personal "My Drive" location not shared with others). Test results must be stored separately from employee personnel folders. When results are provided by an app, the employee should provide a screen shot to the supervisor. COVID-19 test results must be retained in accordance with SORN OPM/GOVT-10 and GRS 2-7, Employee Health and Safety Records.

Point of Contact: If you have questions or comments, please contact the Office of Human Capital at labor.relations@nara.gov.

Summary of NARA Requirements for COVID-19 Test Results
March 28, 2023

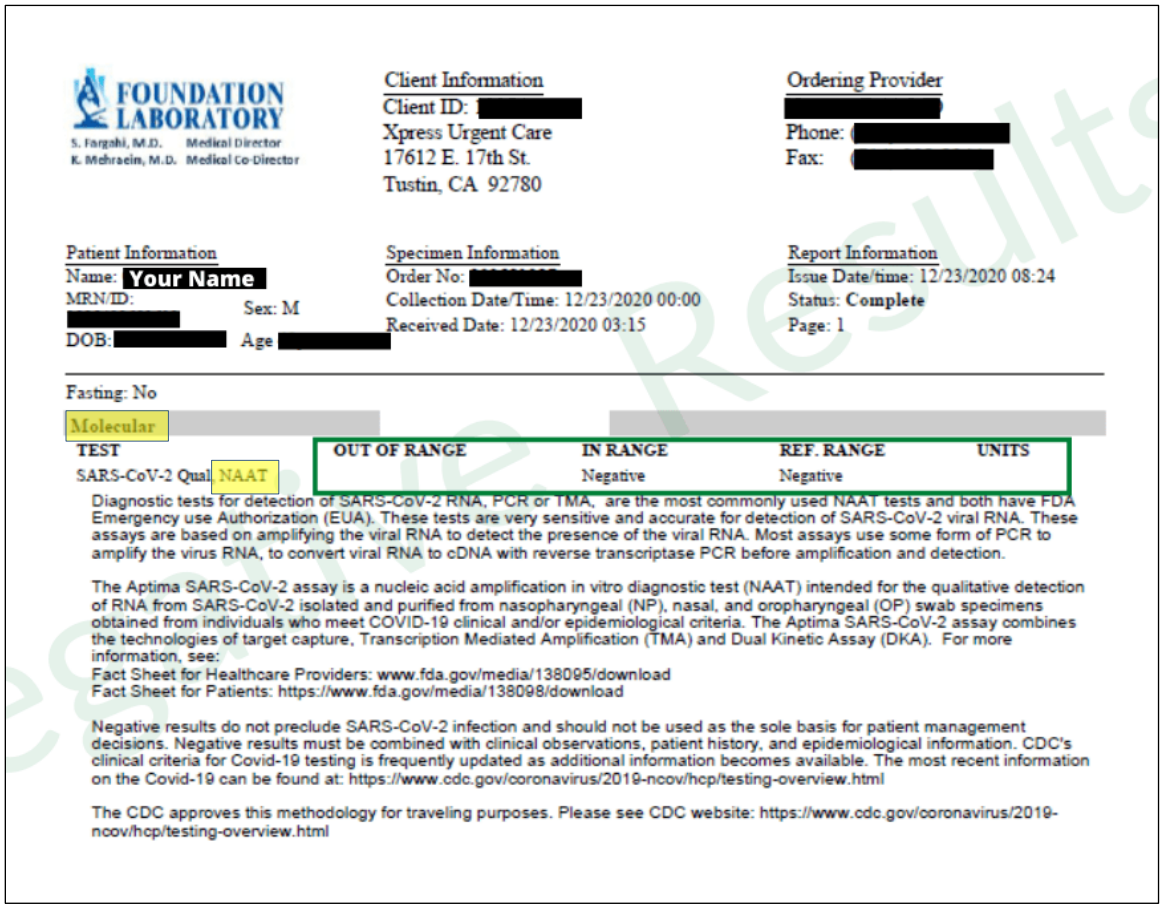
1. Summary of requirements.

	ACCEPTABLE	NOT ACCEPTABLE
Test Type	Supervisors must positively identify or confirm that test results are from viral tests.	Supervisors must ensure that test results are not from antibody tests.
	Results of viral tests typically include words like: • Viral • NAAT or NAA • PCR or RT-PCR • Molecular • Antigen • RNA	Antibody tests are not acceptable. Antibody test results include words like: • Serology • Antibody • IgG • IgM
	Results must be from a test administered by a pharmacy, health care provider, laboratory, clinic, or similar facility.	Test results that do not indicate the type of test or do not include enough information to search the FDA list of approved tests are not acceptable.
Issuing entity	Test results must clearly indicate the pharmacy, health care provider, laboratory, clinic, or similar facility that performed the test.	Test results that do not indicate the entity that performed the are not acceptable. Self-tests are not acceptable.
Specimen collection date	• The date that the specimen was collected or the date of the procedure is the date used to calculate the age of a test. • Age is calculated in whole calendar days, for example three days is three whole calendar days after the day the specimen was collected, which may exceed 72 hours.	• The *date received by the lab* or *date reported* are not acceptable for determining the age of the test result.

	ACCEPTABLE	NOT ACCEPTABLE
Identification	The test result must include the individual's name.	Test result does not identify the individual's name as the "patient" or person who was tested.
Results	Results must be negative, or "not detected".	Positive, equivocal, or invalid results are not acceptable.

2. Examples of acceptable test results.

Example A1: Molecular / NAAT, "negative" result.



FOUNDATION LABORATORY
S. Fargahi, M.D. Medical Director
K. Mehraein, M.D. Medical Co-Director

Client Information
Client ID: [redacted]
Xpress Urgent Care
17612 E. 17th St.
Tustin, CA 92780

Ordering Provider
[redacted]
Phone: [redacted]
Fax: [redacted]

Patient Information
Name: Your Name
MRN/ID: [redacted]
Sex: M
DOB: [redacted] Age [redacted]

Specimen Information
Order No: [redacted]
Collection Date/Time: 12/23/2020 00:00
Received Date: 12/23/2020 03:15

Report Information
Issue Date/time: 12/23/2020 08:24
Status: Complete
Page: 1

Fasting: No

Molecular

TEST	OUT OF RANGE	IN RANGE	REF. RANGE	UNITS
SARS-CoV-2 Qual NAAT		Negative	Negative	

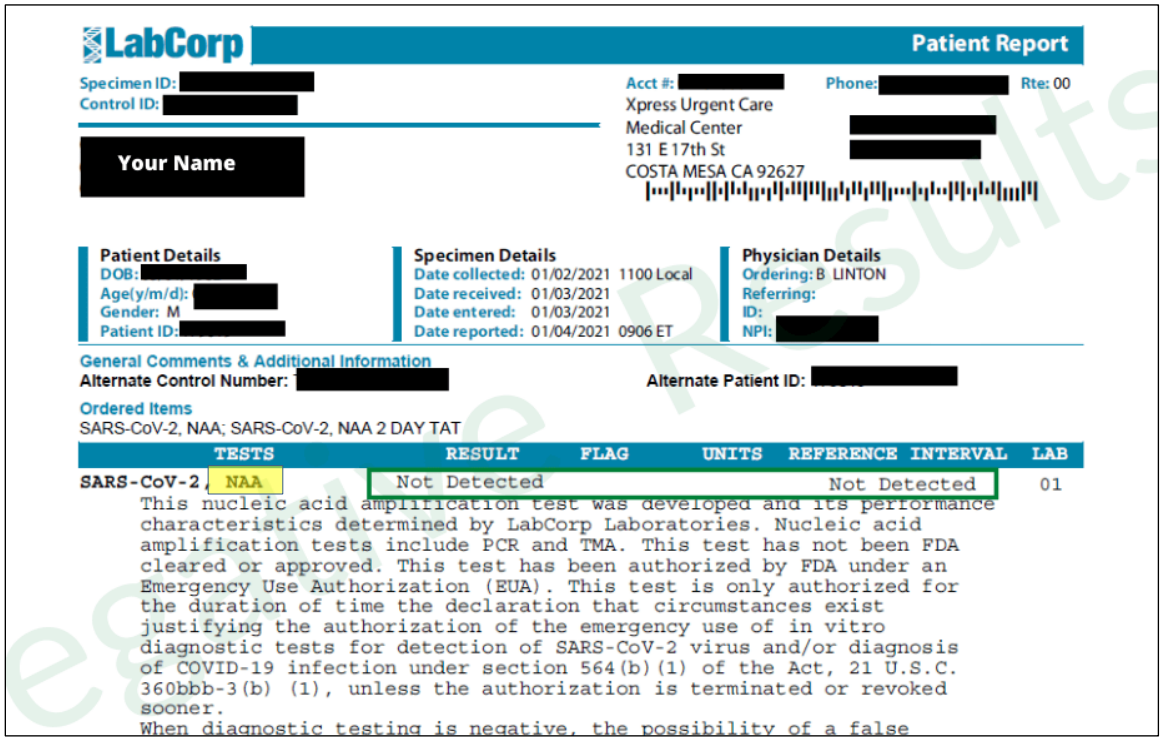
Diagnostic tests for detection of SARS-CoV-2 RNA, PCR or TMA, are the most commonly used NAAT tests and both have FDA Emergency use Authorization (EUA). These tests are very sensitive and accurate for detection of SARS-CoV-2 viral RNA. These assays are based on amplifying the viral RNA to detect the presence of the viral RNA. Most assays use some form of PCR to amplify the virus RNA, to convert viral RNA to cDNA with reverse transcriptase PCR before amplification and detection.

The Aptima SARS-CoV-2 assay is a nucleic acid amplification in vitro diagnostic test (NAAT) intended for the qualitative detection of RNA from SARS-CoV-2 isolated and purified from nasopharyngeal (NP), nasal, and oropharyngeal (OP) swab specimens obtained from individuals who meet COVID-19 clinical and/or epidemiological criteria. The Aptima SARS-CoV-2 assay combines the technologies of target capture, Transcription Mediated Amplification (TMA) and Dual Kinetic Assay (DKA). For more information, see:
Fact Sheet for Healthcare Providers: www.fda.gov/media/138095/download
Fact Sheet for Patients: https://www.fda.gov/media/138098/download

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. CDC's clinical criteria for Covid-19 testing is frequently updated as additional information becomes available. The most recent information on the Covid-19 can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

The CDC approves this methodology for traveling purposes. Please see CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html

Example A2: NAA, COVID-19 “not detected”



LabCorp — Patient Report

Specimen ID: [redacted]
Control ID: [redacted]

Your Name

Acct #: [redacted] Phone: [redacted] Rte: 00
Xpress Urgent Care
Medical Center
131 E 17th St
COSTA MESA CA 92627

Patient Details
DOB: [redacted]
Age(y/m/d): [redacted]
Gender: M
Patient ID: [redacted]

Specimen Details
Date collected: 01/02/2021 1100 Local
Date received: 01/03/2021
Date entered: 01/03/2021
Date reported: 01/04/2021 0906 ET

Physician Details
Ordering: B LINTON
Referring:
ID:
NPI: [redacted]

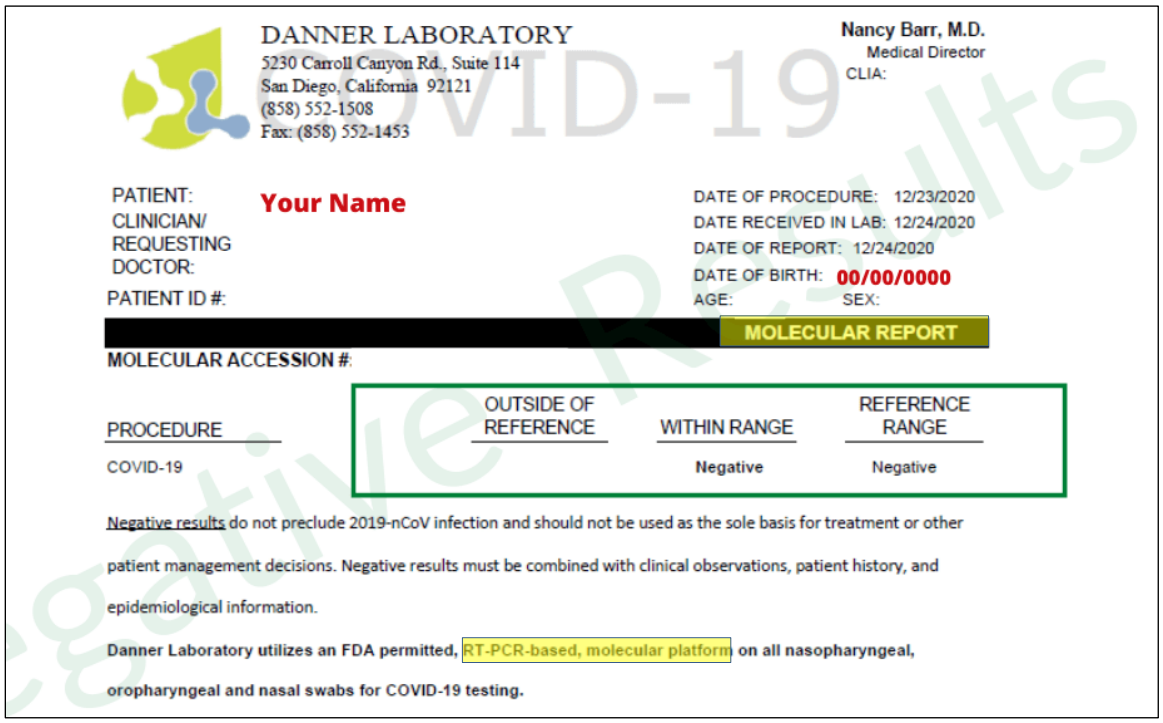
General Comments & Additional Information
Alternate Control Number: [redacted]
Alternate Patient ID: [redacted]

Ordered Items
SARS-CoV-2, NAA; SARS-CoV-2, NAA 2 DAY TAT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
SARS-CoV-2, NAA	Not Detected			Not Detected	01

This nucleic acid amplification test was developed and its performance characteristics determined by LabCorp Laboratories. Nucleic acid amplification tests include PCR and TMA. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b) (1), unless the authorization is terminated or revoked sooner.
When diagnostic testing is negative, the possibility of a false

Example A3: Molecular / RT-PCR, “negative” result



DANNER LABORATORY
5230 Carroll Canyon Rd., Suite 114
San Diego, California 92121
(858) 552-1508
Fax: (858) 552-1453

Nancy Barr, M.D.
Medical Director
CLIA:

PATIENT: Your Name
CLINICIAN/ REQUESTING DOCTOR:
PATIENT ID #:

DATE OF PROCEDURE: 12/23/2020
DATE RECEIVED IN LAB: 12/24/2020
DATE OF REPORT: 12/24/2020
DATE OF BIRTH: 00/00/0000
AGE: SEX:

[redacted] MOLECULAR REPORT
MOLECULAR ACCESSION #:

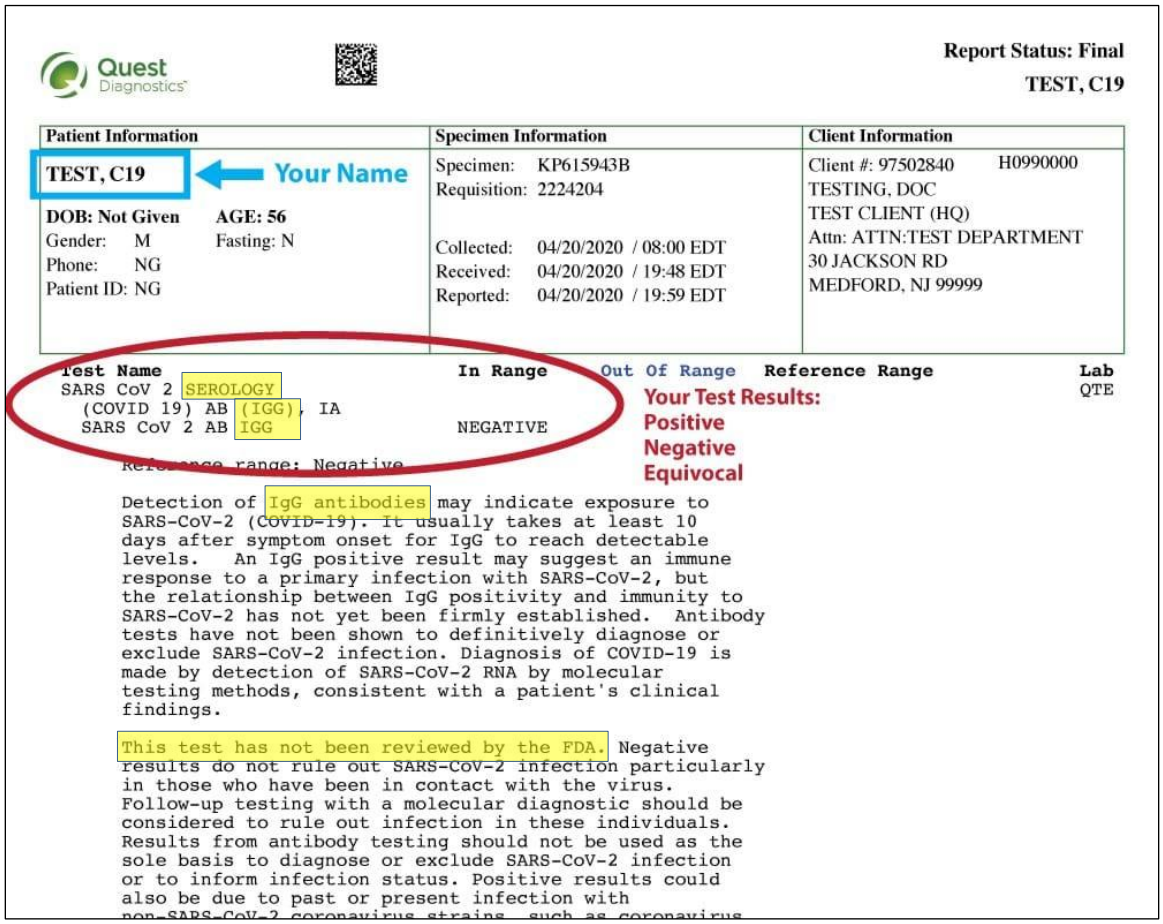
PROCEDURE	OUTSIDE OF REFERENCE	WITHIN RANGE	REFERENCE RANGE
COVID-19		Negative	Negative

Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Danner Laboratory utilizes an FDA permitted, RT-PCR-based, molecular platform on all nasopharyngeal, oropharyngeal and nasal swabs for COVID-19 testing.

3. Examples of unacceptable test results

Example U1: Serology / IgG / antibody, not FDA approved



Quest Diagnostics

Report Status: Final

TEST, C19

Patient Information	Specimen Information	Client Information
TEST, C19 ← Your Name DOB: Not Given AGE: 56 Gender: M Fasting: N Phone: NG Patient ID: NG	Specimen: KP615943B Requisition: 2224204 Collected: 04/20/2020 / 08:00 EDT Received: 04/20/2020 / 19:48 EDT Reported: 04/20/2020 / 19:59 EDT	Client #: 97502840 H0990000 TESTING, DOC TEST CLIENT (HQ) Attn: ATTN:TEST DEPARTMENT 30 JACKSON RD MEDFORD, NJ 99999

Test Name	In Range	Out Of Range	Reference Range	Lab
SARS CoV 2 SEROLOGY (COVID 19) AB (IGG), IA				QTE
SARS CoV 2 AB IGG	NEGATIVE			

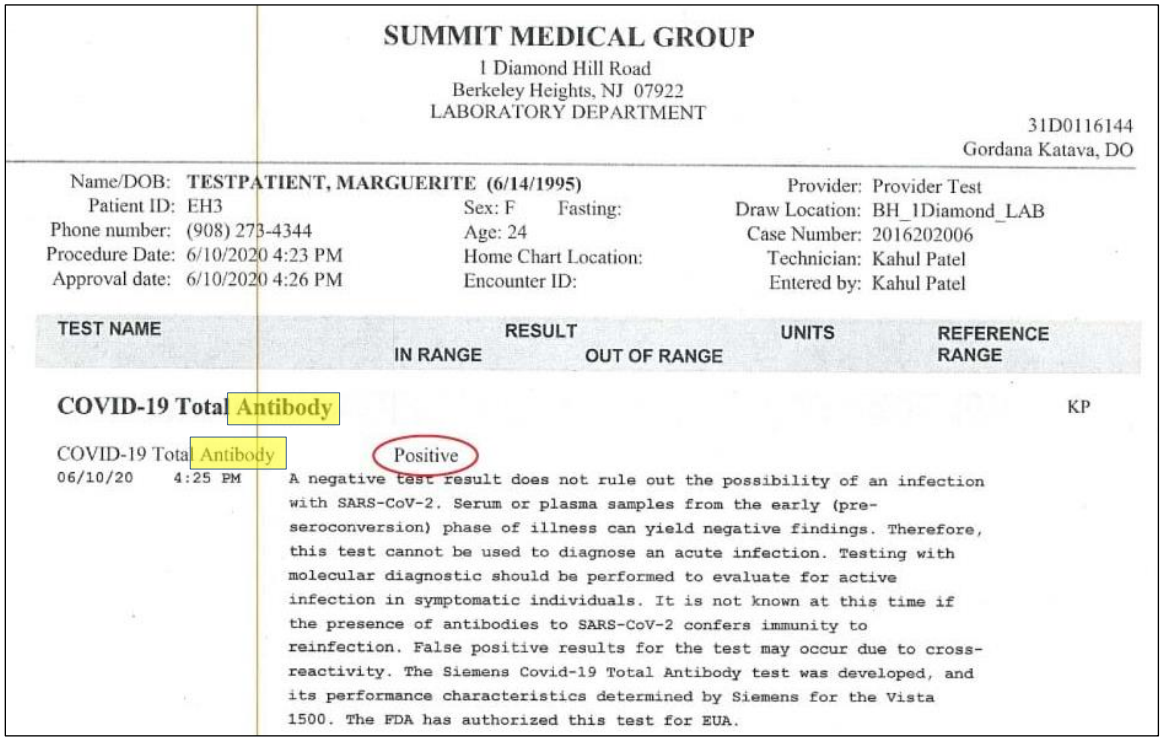
Your Test Results:
Positive
Negative
Equivocal

Reference range: Negative

Detection of IgG antibodies may indicate exposure to SARS-CoV-2 (COVID-19). It usually takes at least 10 days after symptom onset for IgG to reach detectable levels. An IgG positive result may suggest an immune response to a primary infection with SARS-CoV-2, but the relationship between IgG positivity and immunity to SARS-CoV-2 has not yet been firmly established. Antibody tests have not been shown to definitively diagnose or exclude SARS-CoV-2 infection. Diagnosis of COVID-19 is made by detection of SARS-CoV-2 RNA by molecular testing methods, consistent with a patient's clinical findings.

This test has not been reviewed by the FDA. Negative results do not rule out SARS-CoV-2 infection particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic should be considered to rule out infection in these individuals. Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status. Positive results could also be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus

Example U2: Antibody test



SUMMIT MEDICAL GROUP
1 Diamond Hill Road
Berkeley Heights, NJ 07922
LABORATORY DEPARTMENT

31D0116144
Gordana Katava, DO

Name/DOB: TESTPATIENT, MARGUERITE (6/14/1995)
Patient ID: EH3
Phone number: (908) 273-4344
Procedure Date: 6/10/2020 4:23 PM
Approval date: 6/10/2020 4:26 PM
Sex: F Fasting:
Age: 24
Home Chart Location:
Encounter ID:
Provider: Provider Test
Draw Location: BH_1Diamond_LAB
Case Number: 2016202006
Technician: Kahul Patel
Entered by: Kahul Patel

TEST NAME	RESULT IN RANGE	RESULT OUT OF RANGE	UNITS	REFERENCE RANGE
COVID-19 Total Antibody				KP
COVID-19 Total Antibody 06/10/20 4:25 PM		Positive		

A negative test result does not rule out the possibility of an infection with SARS-CoV-2. Serum or plasma samples from the early (pre-seroconversion) phase of illness can yield negative findings. Therefore, this test cannot be used to diagnose an acute infection. Testing with molecular diagnostic should be performed to evaluate for active infection in symptomatic individuals. It is not known at this time if the presence of antibodies to SARS-CoV-2 confers immunity to reinfection. False positive results for the test may occur due to cross-reactivity. The Siemens Covid-19 Total Antibody test was developed, and its performance characteristics determined by Siemens for the Vista 1500. The FDA has authorized this test for EUA.

Example U3: Self-tests are not acceptable