

**Information for Providers: Testing Healthcare Personnel for SARS-CoV-2**

This document summarizes relevant portions of the Centers for Disease Control and Prevention (CDC) recommendations regarding testing healthcare personnel (HCP) for SARS-CoV-2, last updated 7/17/20. The full article can be read here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html>

Testing of HCP can be considered in four situations:

1. Testing HCP with signs or symptoms consistent with COVID-19
2. Testing asymptomatic HCP with known or suspected exposure to SARS-CoV-2
3. Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 for early identification
4. Testing HCP who have been diagnosed with SARS-CoV-2 infection to determine when they are no longer infectious

[Viral tests](https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html) (authorized nucleic acid or antigen detection assays) are recommended to diagnose acute infection. Testing practices should aim for rapid turnaround times (i.e., less than 24 hours) in order to facilitate effective interventions. Testing the same individual more than once in a 24-hour period is not recommended.

HCP undergoing testing should receive clear information on:

* the purpose of the test
* the reliability of the test and any limitations associated with the test
* who will pay for the test and how the test will be performed
* how to interpret results and any next steps related to the results
* who will receive the results
* how the results may be used
* any consequences for declining testing

Guidance for assessing HCP exposure risk and determining the need for work restrictions is available in the [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

## **Testing HCP with signs or symptoms consistent with COVID-19**

HCP with [signs or symptoms of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) should be prioritized for SARS-CoV-2 testing.  Because HCP often have extensive and close contact to [vulnerable populations](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html), even mild signs or symptoms (e.g., sore throat) of possible COVID-19 should prompt consideration for testing.  Clinicians should use their judgment to determine if HCP have [signs or symptoms](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) compatible with COVID-19 and whether HCP should be tested.

CDC recommends using [authorized nucleic acid or antigen detection assays](https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations) that have received an FDA Emergency Use Authorization to test persons **with** symptoms when there is a concern of potential COVID-19. Tests should be used in accordance with the authorized labeling. Providers should be familiar with the tests’ performance characteristics and limitations.

## **Testing asymptomatic HCP with known or suspected exposure to SARS-CoV-2**

As part of [community contact tracing](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html) efforts, viral testing is recommended for HCP who have had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html) with persons with SARS-CoV-2 infection in the community (including household contacts).

Assessment of HCP exposures should be performed as described in the [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). Due to their often extensive and close contact with vulnerable individuals, this guidance recommends managing occupationally exposed HCP conservatively:

* For certain exposures believed to pose a higher risk for transmission, CDC recommends that exposed HCP be excluded from work for 14 days following the exposure.
* For other, lower risk exposures, HCP may continue to work; however, CDC recommends screening for symptoms prior to starting work each day and using source control measures as described in [CDC’s infection control recommendations](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

Facilities that elect to perform post-exposure testing of HCP should be aware that testing is logistically challenging and has limitations. For example, testing only identifies the presence of virus at the time of the test. It is possible that HCP can test negative because they are very early in their infection when their sample is collected. In such situations, they could test positive later and transmit the virus to others; for this reason, repeat testing could be considered. Also, when there is SARS-CoV-2 transmission occurring in the community, positive tests in HCP do not necessarily indicate transmission due to exposures in the workplace.

If testing of exposed HCP is instituted, test results should be available rapidly (i.e., within 24 hours), and there should be a clear plan to respond to results. The Occupational Safety and Health Administration’s rules for Recording and Reporting Occupational Injuries and Illness ([29 CFR part 1904external icon](https://www.osha.gov/laws-regs/regulations/standardnumber/1904)) should be consulted regarding requirements for certain employers to make and keep records of [work-external icon](https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19)related cases of COVID-19.

## **Testing to determine when HCP with SARS-CoV-2 infection are no longer infectious**

A [test-based strategy](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html), which requires serial tests and improvement in symptoms, could be considered to allow HCP with SARS-CoV-2 to return to work earlier than the symptom-based strategy. However, in most cases, the test-based strategy results in prolonged work exclusion of HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. A test-based strategy could also be considered for some HCP (e.g., [severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days. In all other circumstances, the symptom-based strategy should be used to determine when HCP may return to work.