

COVID-19 Testing Process Map

Testing Summary Table

Testing Trigger	Staff	Residents
Symptomatic Individuals	Staff, regardless of vaccination status, with signs or symptoms must be tested as soon as possible The decision for a staff member to return to work can be made based on having negative results from at least one viral test. If there is a higher level of clinical suspicion for COVID-19, a confirmation test could be obtained by completing a confirmatory PCR test or by collected a 2nd antigen test (at least 48 hours after the first test) to rule out COVID-19 infection.	Residents, regardless of vaccination status, with signs or symptoms must be tested as soon as possible. The decision for TBP to be discontinued can be made based on having negative results from at least one viral test. If there is a higher level of clinical suspicion for COVID-19, a confirmation test could be obtained by completing a confirmatory PCR test or by collected a 2nd antigen test (at least 48 hours after the first test) to rule out COVID-19 infection.
Newly Identified COVID-19 Positive Staff or Resident—Able to Identify Close Contacts (Outbreak and Exposure Testing)	Test all staff, regardless of vaccination status, that had a higher risk exposure. The day of exposure is day 0. <ul style="list-style-type: none"> Day 1 (not sooner than 24 hours after exposure). Day 3 (48 hours after last negative test) Day 5 (48 hours after last negative test). 	Test all residents, regardless of vaccination status, that had close contact with a positive individual. The day of exposure is day 0. <ul style="list-style-type: none"> Day 1 (not sooner than 24 hours after exposure). Day 3 (48 hours after last negative test) Day 5 (48 hours after last negative test).
Newly Identified COVID-19 Positive Staff or Resident—Unable to identify Close Contacts (Outbreak Broad-Based Testing)	Initially expand testing to HCP (regardless of vaccination status) on affected units or departments. If testing identifies additional infections, expand testing more broadly. Testing should occur every 3-7 days (if possible) until no additional positive cases are identified for 14-days.	Initially expand testing to residents (regardless of vaccination status) on affected units. If testing identifies additional infections, expand testing more broadly. Testing should occur every 3-7 days (if possible) until no additional positive cases are identified for 14-days.

Testing on Admission

Nursing home specific guidance—
Admission testing is at the discretion of the provider.

The yield of screening testing for identifying asymptomatic infection is likely lower when performed in areas of lower COVID-19 community transmission. Consideration could be given to conducting testing on individuals who are immunocompromised or conducting higher risk procedures. Testing should be completed by utilizing a series of 3 tests, spaced 48 hours apart.

Testing After COVID-19 Infection

Testing is generally not recommended for asymptomatic people who have recovered from COVID-19 in the last 30-days.

Testing should be considered (using an antigen test and not an NAAT) for those who have recovered in the prior 31-90 days.

References

CDC. (2023, May, 8) *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic.* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>