

## COVID-19 Testing Recommendations AFT Nurses and Health Professionals

Updated October 2021

Healthcare employers should have strong testing protocols for healthcare workers. Research has shown that testing can be used very effectively to reduce the spread of COVID-19, protecting healthcare workers and patients.<sup>1</sup> This includes **diagnostic (or clinical) testing** after an exposure or close contact with an infected person and **screening testing** used to identify infected people prior to the onset of symptoms.

### Kinds of Tests

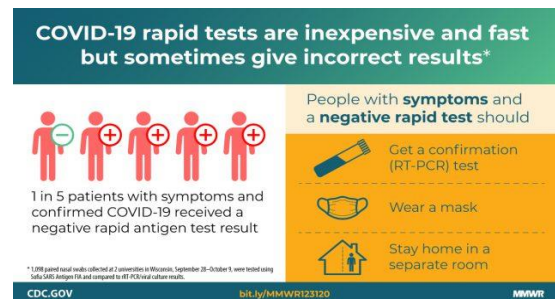
#### **NAAT (Nucleic Acid Amplification Tests)**

Also called **molecular tests**, **NAAT tests** detect SARS CoV-2 genetic material (nucleic acid). NAAT tests include **PCR**, **CRISPR**, and **HDR** tests. They are more accurate, more expensive, and most take 48 to 72 hours to get results. There are rapid NAAT tests, but they are not yet commonly available. NAAT tests rarely miss COVID-19 cases, but may identify people who were infected, but are no longer infectious. Testing is not recommended for people who have recovered from COVID-19 in the previous 90 days, as the test will only show evidence of the previous infection.

#### **Antigen tests**

Also called **rapid tests**, **antigen tests** detect viral protein. They are less accurate and less expensive but provide results within minutes or hours. They

are 20 to 40 percent likely to provide a false negative result.<sup>2</sup> Antigen tests are currently available to purchase over the counter for \$15.00 to \$20.00.



**Antibody testing is not appropriate for diagnostic or screening testing**, as it only shows evidence of past infection.

### Diagnostic Testing Strategy to Confirm Potential Cases

If a person has had **close contact** with an infected person or if they are **symptomatic**, a rapid NAAT test is preferred if available. If not, the person should be tested with a rapid antigen test. If the antigen test is negative, they should also be tested with a NAAT test and they should isolate until the result is available.

<sup>1</sup> [From Health Affairs: Less COVID-19 Transmission In Countries With More Testing | Health Affairs](#)

<sup>2</sup> [Performance of an Antigen-Based Test for Asymptomatic and Symptomatic SARS-CoV-2 Testing at Two University Campuses — Wisconsin, September–October 2020 | MMWR \(cdc.gov\)](#)

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

Randi Weingarten  
 PRESIDENT

Fedrick C. Ingram  
 SECRETARY-TREASURER

Evelyn DeJesus  
 EXECUTIVE VICE PRESIDENT



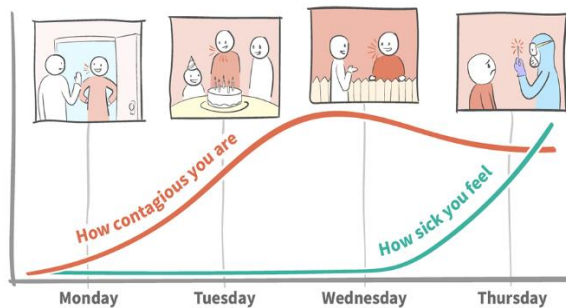
### **Workplace Screening Testing**

Many employers outside of healthcare are providing employees with weekly antigen testing in order to keep asymptomatic or pre-symptomatic cases out of the workplace. **Healthcare employers should adopt this important mitigation to reduce the risk of infection spread among healthcare workers and patients.**

Weekly testing is not frequent enough to identify all cases because people infected two or three days before will not have a high enough viral load to have positive results. But weekly screening testing will identify more cases than diagnostic testing alone.

### **Timing for Testing**

The median time between infection and symptom onset is four to five days, although the incubation period may be as long as 14 days in some people.<sup>3</sup> Viral load increases over the first few days and infectivity peaks before symptoms appear.



[How long before symptom onset is a person contagious? | MIT Medical](#)

Testing will not identify infections in people who were infected in the previous two or three days. A twice weekly screening testing regimen is more effective than weekly testing and has a higher chance of identifying nearly all new cases before people become symptomatic in the workplace.

---

<sup>3</sup> [Management of Patients with Confirmed 2019-nCoV | CDC](#)

**Weekly screening testing is still more effective than relying on diagnostic testing only. Unions can advocate for semi-weekly or weekly screening testing.**

### **Timing for Diagnostic Testing**

Under the Occupational Safety and Health Administration Emergency Temporary Standard (ETS) employers do not have to remove fully vaccinated healthcare workers who have been exposed to an infected person. If workers do become infected and symptomatic, the employer must exclude them from work until they meet return to work criteria or test results are negative.<sup>4</sup> **Under the ETS, testing must not be done earlier than five days after the exposure.** Any healthcare workers who remain unvaccinated due to medical or religious exemptions should be removed from work and tested five days after an exposure.

**Unions can bargain for and vaccinated workers can demand diagnostic testing for higher risk exposures.** Examples of higher risk exposures include respirator or other personal protective equipment malfunction in areas where COVID-19 patients are present or close contact with a person later identified as COVID positive. The cost of COVID-19 spread in the workplace far outweighs the cost of additional testing.

---

<sup>4</sup> Please see *Notification of Exposure, Medical Removal and Return to Work* for more information on what the ETS requires and the CDC recommends for return to work.