



## SEVERE ACUTE RESPIRATORY SYNDROME

# NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



## Supplement F: Laboratory Guidance

### Appendix F6

#### Guidelines for Medical Surveillance of Laboratory Personnel Working with SARS-CoV

##### Key Messages

- Laboratory workers should receive training on the appropriate biosafety level for the type of work being performed.
- Before working with either live SARS-CoV or clinical specimens known to contain SARS-CoV, laboratory workers should have a baseline serum sample obtained and stored for future reference.
- Laboratory workers in laboratories that contain live SARS-CoV should report any fever or lower respiratory symptoms to their supervisor. They should be evaluated for possible exposures, and the clinical features and course of their illness should be closely monitored.
- Laboratory workers who are believed to have had a laboratory exposure to SARS-CoV should be evaluated, counseled about the risk of SARS-CoV transmission to others, and monitored for fever or lower respiratory symptoms as well as for any of the following: sore throat, rhinorrhea, chills, rigors, myalgia, headache, diarrhea.
- Local and/or state public health departments should be promptly notified of laboratory exposures and illness in exposed laboratory workers.

Medical surveillance of laboratory personnel can help to ensure that workers who are at risk of occupational exposure to SARS-CoV and who develop symptoms of illness receive appropriate medical evaluation and treatment, both for the benefit of their health and to prevent further transmission.

- Laboratory workers should be provided training on the appropriate biosafety level and specific safety practices for the type of work being performed. Biosafety guidelines for laboratory work with SARS-CoV are available at: [www.cdc.gov/ncidod/sars/sarlabguide.htm](http://www.cdc.gov/ncidod/sars/sarlabguide.htm).
- Before working with either live SARS-CoV or clinical specimens known to contain SARS-CoV, laboratory workers should have a baseline serum sample obtained and stored for future reference.
- Laboratory workers should immediately contact their supervisor in the event of a recognized exposure or development of lower respiratory symptoms and/or fever. In addition, exposed laboratory workers should be monitored for the presence of any of the following: sore throat, rhinorrhea, chills, rigors, myalgia, headache, diarrhea. The supervisor should immediately contact appropriate healthcare

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personnel and facility contacts (e.g., occupational health, infection control, or a designee); the local and/or state public health departments should be promptly notified as well.

**I. Management of a Break in Laboratory Procedure**

In the event of an identifiable break in laboratory procedure (e.g., tear in a glove; spill of live virus), the laboratory worker should immediately implement applicable laboratory procedures for emergency exposure management and/or environmental decontamination and notify the supervisor for further instructions. The worker and the supervisor, in consultation with occupational health or infection control personnel, should evaluate the break in procedure to determine if an exposure occurred. If the break in procedure resulted in an exposure, the worker should be managed as described below.

**II. Management of Exposed Laboratory Workers**

**A. Management of exposed laboratory workers who are asymptomatic**

1. Exposed workers should be instructed to be vigilant for the development of fever (i.e., measure and record body temperature twice daily for 10 days after the date of the last unprotected exposure), lower respiratory symptoms, or any of the following: sore throat, rhinorrhea, chills, rigors, myalgia, headache, diarrhea. Exposed workers should immediately notify the supervisor if symptoms develop.
2. Exposed workers should be actively monitored for symptoms prior to reporting for duty.
3. Decisions regarding activity restrictions (e.g., work) should be discussed with the health department, in accordance with the recommendations in Supplement D. Asymptomatic exposed workers generally do not need to be excluded from duty. However, a worker who has had a high-risk exposure may need to be furloughed.

**B. Management of exposed laboratory workers who develop symptoms within 10 days of exposure**

1. The exposed laboratory worker who develops fever, lower respiratory symptoms, sore throat, rhinorrhea, chills, rigors, myalgia, headache, or diarrhea should:
  - Immediately put on a surgical mask if at work, *and*
  - Immediately notify the appropriate facility contact (e.g., infection control, occupational health, or a designee in each facility where s/he works), *and*
  - Report to the designated location for clinical evaluation.
2. Symptomatic laboratory workers should be managed in accordance with the recommendations in *Clinical Guidance on the Identification and Evaluation of Possible SARS-CoV Disease among Persons Presenting with Community-Acquired Illness* [www.cdc.gov/ncidod/sars/clinicalguidance.htm](http://www.cdc.gov/ncidod/sars/clinicalguidance.htm).
3. Decisions on return to work should be guided by policies or regulations defined by the facility or health department.

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***III. Management of Symptomatic Laboratory Workers with No Recognized Exposures***

Laboratory workers who develop a fever or lower respiratory symptoms and who have no recognized exposure should immediately contact the supervisor. The supervisor should immediately contact the appropriate healthcare personnel and facility contacts (e.g., occupational health, infection control, or a designee), who should review the worker's illness and potential laboratory exposures to determine if any SARS precautions or additional consultations are necessary. If clinical or exposure information suggests SARS-CoV infection, local or state public health officials should be immediately be contacted and consulted about managing the ill laboratory worker and contacts.

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)