



HEALTH UPDATE

Interim Guidance on Testing for SARS-CoV-2 before Non-Urgent Surgical, Dental, and Diagnostic Procedures August 7, 2020

SITUATION

During the COVID-19 epidemic in Alameda County, urgent medical and dental procedures have continued in both outpatient and inpatient settings. On May 13, 2020, the Alameda County Public Health Department (ACPHD) released a [Health Advisory](#) encouraging medical and dental providers gradually to resume non-urgent clinical services, with several important caveats.

Medical and dental providers have struggled with the decision about how and when to test patients for COVID-19 prior to performing non-urgent procedures, including surgery.

On April 29, 2020, the Anesthesia Patient Safety Foundation (APSF) and the American Society of Anesthesiologists (ASA) released a "[Joint Statement on Perioperative Testing for the COVID-19 Virus](#)." In alignment with this guidance, facilities should implement patient testing policies that provide useful preoperative/preprocedural information about the COVID-19 status of patients. This information should be used to determine the appropriate timing of elective and non-urgent procedures, in order (1) to reduce the exposure risk to staff and other patients, and (2) to enhance patient safety, since there may be additional clinical risks when invasive procedures are performed in a patient who is actively infected with SARS-CoV-2 or recovering from COVID-19 illness.

ACTIONS REQUESTED OF CLINICIANS

While there is active transmission of SARS-CoV-2 in Alameda County, ACPHD recommends that facilities, medical, and dental providers implement policies and strategies that include screening of all patients for symptoms of COVID-19 and selective preprocedural testing of patients undergoing non-emergent surgical, dental, or diagnostic procedures that may involve intubation or the generation of biological aerosols.

Elements of this strategy, adapted from the APSF/ASA joint statement, should include the following¹:

1. All patients should be screened for [symptoms](#) of COVID-19 and for [close contact](#) with a COVID-19 case prior to presenting to the healthcare facility.
 - a. Patients reporting symptoms should be referred for additional evaluation.
 - b. Patients reporting close contact with a COVID-19 case within the prior 14 days should be [quarantined](#) and should not undergo elective procedures during quarantine. They should meet [criteria for release from quarantine](#) before undergoing preoperative/preprocedural testing.
 - c. Facilities and providers may consider testing all other patients for SARS-CoV-2 using a nucleic acid amplification test (NAAT)ⁱⁱ prior to undergoing non-emergent surgical, dental, or



diagnostic procedures that may involve intubation or the generation of biological aerosols. The test should be performed within 7 days of the procedure, as close to the day of the procedure as possible, and a negative result should be confirmed by the provider before proceeding. Patients undergoing preprocedural testing should be advised to continue social distancing, rigorous hand hygiene, and use of face coverings in public, and should avoid contact with anyone with symptoms in order to avoid exposure to SARS-CoV-2 after testing. See Alameda County COVID-19 Laboratory [Testing Guidance for Clinicians](#) for further information about testing.

Note: Antibody (serological) testing does not currently have a role in preoperative/preprocedural screening or risk stratification.

- d. The facility or provider should confirm the negative test result (e.g., by reviewing the hard copy, email, or faxed result or by consulting the patient’s electronic medical record) prior to proceeding with any aerosol generating procedures. Facilities and providers are cautioned to remember that a negative test does not definitively rule out SARS-CoV-2 infection. Negative results may be obtained in patients during their incubation period who later become infectious; false negative test results may occur, depending on the testing platform used; and patients could become infected after the test is performed. For these reasons, aerosol generating procedures should be avoided, when possible and clinically appropriate, even in patients with negative preoperative/preprocedural test results. Appropriate PPE and other risk reduction precautions should always be utilized while performing aerosol generating procedures.ⁱⁱⁱ
2. If a patient tests positive for SARS-CoV-2– indicating active infection – elective procedures should be delayed until the patient is no longer infectious, has demonstrated recovery from COVID-19, and meets CDC’s criteria for release from isolation as described in the [ACPHD Health Advisory](#) from July 29, 2020.
3. Recommendations regarding the definition of sufficient recovery from the physiologic changes associated with COVID-19 cannot be made at this time. However, the APSF advises a preoperative evaluation which includes an assessment of the patient’s heart and lung function using exercise capacity (metabolic equivalents or METS).

ⁱ Please note that the APSF has posted [examples of protocols](#), based on these principles, from a number of institutions around the US.

ⁱⁱ Providers are advised to become familiar with the performance of the testing platforms they are using for preoperative/preprocedural testing, and to rely only on results of a test with strong negative predictive value.

ⁱⁱⁱ Alameda County encourages dental providers to follow [additional guidance](#) from the Centers for Disease Control and Prevention, which includes a broad range of administrative, engineering, practice-related, infection control, and environmental disinfection procedures, which are intended to reduce the risk of SARS-CoV-2 transmission in dental offices.