Ministries should ensure that they have met the criteria set forth in the *Resuming Operations Guidebook* prior to scheduling elective procedures. As outlined in the Guidebook, all patients who are scheduled for a procedure that requires an overnight stay must have a negative molecular test for SARS-CoV-2 resulted within 2 midnights (two calendar days) prior to the procedure.

**Interpretation and Guidance on Care & Testing of Patients Following Recovery from COVID-19:**

It is important to note that because of the high sensitivity of molecular testing for viral RNA, the test may remain positive well beyond the acute onset of infection. There is ongoing investigation of the correlation between detection of SARS-CoV-2 RNA and period of transmissibility (infectivity) for a person with COVID-19; evidence to date indicates transmissibility is significantly reduced after acute infection. Therefore, repeat molecular testing after either 10 days following onset of symptoms or from date of initial detection of viral RNA is **NOT** recommended due to the likelihood that such testing only detects remnant RNA and it is unlikely that the person can transmit infection to others. [Bullard J, et al. Clin Infect Dis 2020, CDC, Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19, July 17, 2020]

As long as **10 days have passed since the initial, positive test**, the patient is **afebrile for 24 hours without the use of fever-reducing medications**, and experiencing **improvement in symptoms**, the patient may be considered to be **no longer contagious**. The patient should be treated as having recovered from the COVID viral infection. Patients meeting these criteria do **NOT** need another molecular test prior to any subsequent outpatient procedure or inpatient surgery requiring an overnight inpatient admission.

In patients who are immunocompromised or have had a severe course of COVID-19 illness, a provider may have concerns regarding the timeframe for infectivity and wish to take a **more conservative approach based on clinical judgement**, waiting longer after the initial positive test, assuring the patient is afebrile for 24 hours without fever-reducing medications, and is experiencing improvement in symptoms is usually considered to be sufficient for assuring that the period of infectivity has passed. Patients meeting these criteria do **NOT** need another molecular test prior to any subsequent outpatient procedure or inpatient surgery requiring an overnight inpatient admission.
• If a provider has concerns, a provider should use clinical judgement and a conservative approach before discontinuing isolation.
• Providers should contact their infection prevention and control department for questions about isolation procedures.
• A patient who’s recovered from acute infection with SARS-CoV-2 [meets criteria outlined above and incidentally has had a confirmed positive serology (antibody) test], does NOT need an additional molecular test prior to outpatient or inpatient surgery. A serology test is NOT needed to confirm recovered COVID status prior to a procedure.
• Recovered COVID patients can receive services in COVID Free Zones, including an Outpatient Surgery Center.
• If a patient reports a test result from a non-Trinity facility, the provider must verify the results directly with the testing site. If the health ministry is unable to obtain direct confirmation from the testing site, the patient must be tested with 2 calendar days prior to a procedure.

Occasionally, questions will arise regarding whether patients need to be tested or re-tested in certain circumstances. In any testing situation, clinical judgement and the prevalence of COVID-19 within the community should be considered when determining testing needs. This document provides guidance for certain retesting scenarios.

Q1. **A hospitalized patient is having a procedure.** The patient is tested within 2 calendar days in advance of the procedure. The test result is negative. As a result of the initial procedure, the patient will need additional procedures over a few days. Should the patient be tested again?

   **A1.** Re-testing is not required for urgent/emergent procedures. However even if the procedure may not be considered urgent but is being completed while the patient is hospitalized, re-testing is not required as long as there is no known exposure during the course of care and the patient remains asymptomatic.

Q2. **A patient is having an outpatient procedure and is expected to stay overnight.** The patient is tested within 2 days in advance of the procedure. The test result is negative. As a result of the initial procedure, the patient will need additional procedures over a few days. Should the patient be tested again?

   **A2.** Re-testing is not required as long as there is no known exposure during the course of care and the patient remains asymptomatic.

Q3. **A patient is having an outpatient procedure and was not expected to stay overnight.** The patient was not tested prior to the procedure, but now requires admission. Does the patient need to be tested?

   **A3.** No, not unless the patient begins to show symptoms of COVID-19, or clinical judgement indicates testing is required. NOTE: State/local regulations may require testing prior to admission.

Q4. **The patient comes to the hospital for a series of outpatient procedures** (e.g. paracentesis, surgical wound debridement), what would be the recommended frequency of testing?
**A4. The patient would be tested two days in advance** of the first procedure. Each time the patient returns, screening questions should be asked and temperature taken. If the patient screens positively to the questions, an additional test would be run prior to the next procedure. Patients requiring a continuation in/or periodic series of procedures should be tested at a frequency of every 14 days.

**Q5. The patient is scheduled for a procedure with plans for an overnight stay.** The patient is tested within 2 days in advance of the procedure. The test result is negative. However, the patient states that he was exposed to COVID since the test was taken. The patient has no symptoms at this time.

**A5. Cancel the procedure** and reschedule at least 14 days later.

References:


Provider Guidance: Pre-Procedure Testing for COVID-19

Has patient had an initial positive test result for SARS CoV-2 (COVID-19)?

- Yes
  - Have 10 days passed since testing, with at least 1 day afebrile without fever-reducing medication and symptoms resolved or resolving?
    - Yes
      - Patient is COVID recovered. Do NOT re-test
    - No
      - Hold procedure: Isolate for 10 days post initial date of symptoms and 1 day afebrile without fever-reducing medication.
        [Note: some patients continue to have positive test results after resolution of symptoms - evaluate on a case-by-case basis if this occurs].

- No
  - Perform molecular testing as close as possible to (within two midnights prior to) the procedure

Screening for Symptoms:
- Take the Patient’s Temperature
- Fever ≥ 100
- Chills
- Difficulty breathing
- Fatigue/confusion
- Coughing
- Myalgia
- Diarrhea
- Headache
- Loss of sense of taste or smell

In any testing situation, clinical judgement, recognition of potential persistent molecular positivity, and the prevalence of COVID-19 within the community should be considered when determining testing.