

# ASA, APST update perioperative SARS-CoV-2 testing recommendations

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The recommendations for perioperative testing for severe acute

respiratory syndrome coronavirus 2 (SARS-CoV-2) have been updated by the American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation.

While acknowledging that the [science](#) regarding preprocedural testing has yet to fully mature, the authors developed recommendations for [patients](#) undergoing an anesthetic, procedure, or surgery with the potential to generate aerosols.

According to the report, when there is local or regional community transmission of SARS-CoV-2, all patients should be screened for [symptoms](#) and exposures prior to presenting to the health care facility, ideally not more than three days before the procedure. Additional evaluation should be conducted on patients reporting symptoms. All patients should undergo [polymerase chain reaction](#) testing prior to undergoing nonemergent surgery unless specific conditions are met. Elective surgical procedures should be delayed if a patient tests positive for SARS-CoV-2. Facilities could consider a more permissive approach to perioperative testing in the case of low-to-moderate community transmission if the patient is asymptomatic, up to date on vaccinations, and having a lower-risk procedure. Preprocedural testing should be continued as previously recommended in the setting of substantial or high community transmission.

A negative test should not preclude implementation of infection prevention measures due to imperfect sensitivity of preprocedural testing. Recommendations were also updated for patients who have tested positive for SARS-CoV-2.

**More information:** [More Information](#)

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