

ASA and APSF Updated Statement on Perioperative Testing for SARS-CoV-2 in the Asymptomatic Patient.

December 21, 2022

The American Society of Anesthesiologists (ASA) and the Anesthesia Patient Safety Foundation (APSF) continue to review available data and updated information concerning the transmissibility and risk of SARS-CoV-2 in the perioperative setting.

In June 2022 we published a recommendation on “Perioperative Testing for the COVID-19 Virus”.¹ Our recommendations were focused on: 1) Risk to the patient if infected, 2) Risk to other patients they may cohort with, and 3) Risk to healthcare providers.

Our recommendation in June 2022 was based on the scientific evidence available at the time and tempered by expert opinion. The scientific evidence as well as expert opinion has matured since that statement. The Society for Healthcare Epidemiology of America (SHEA) recently (December 2022) published a Board Commentary titled “Asymptomatic screening for severe acute respiratory coronavirus virus 2 (SARS-CoV-2) as an Infection prevention measure in healthcare facilities: Challenges and considerations”.²

We support the updated recommendations contained in the SHEA commentary which **“...recommends against routine universal use of asymptomatic screening for SARS-CoV-2 in healthcare facilities. Specifically, pre-procedure asymptomatic screening is unlikely to provide incremental benefit in preventing COVID-19 transmission in the procedural and perioperative environment when other infection prevention strategies are in place and should not be considered a requirement for all patients.”**

The SHEA recommendations provide a rationale for considering a move away from universal screening. Such a change considers the potential adverse consequences of testing for SARS-CoV-2 in asymptomatic patients. Moreover, we recommend that each facility develop a risk/benefit analysis that includes local/facility infection prevention assessment (e.g., patient population, facility physical layout, and community incidence and transmission of COVID-19 as defined in the SHEA Board Commentary), and a robust system of controls and interventions to prevent virus transmission (“Swiss Cheese” model).²

The recommendations by SHEA should be considered along with these updated recommendations to operationalize a robust and safe perioperative screening and targeted testing program for the benefit of our patients, our healthcare workers, other hospital patients and the public.

¹<https://www.apsf.org/wp-content/uploads/news-updates/2022/ASA-APSF-Statement-on-Perioperative-Testing-for-COVID-2022-06-15.pdf> (accessed December 21, 2022)

² <https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/asymptomatic-screening-for-severe-acute-respiratory-coronavirus-virus-2-sarscov2-as-an-infection-prevention-measure-in-healthcare-facilities-challenges-and-considerations/5D9FF2904AD88CDBDA5CAFD29A965A69> (accessed December 21, 2022)