Beth Israel Lahey Health

BILH Changes to Pre-Procedure COVID-19 Testing
Frequently Asked Questions (FAQ) for Staff

Does the planned change to pre-procedural testing affect all patients having procedures at BILH?
No. BILH is removing testing only for asymptomatic patients who will not be admitted to a BILH hospital following their procedures. Patients who are symptomatic should always be tested. Patients being admitted will continue to require testing, regardless of symptoms, exposures, or vaccination status. Please see BILH Interim Guidance on Pre-procedure Testing and Personal Protective Equipment (PPE) in the Era of COVID-19 for details.

Why is BILH changing the requirements for pre-procedural testing?
Early in the pandemic, numerous infection prevention measures were put in place to limit the spread of SARS-CoV-2, the virus that causes COVID-19. These interventions, including pre-procedural testing, were implemented in an attempt to balance the limited data available on transmission with the potential risks to patients and staff, particularly at a time when personal protective equipment (PPE) supplies were unpredictable. Since then, more data have become available on virus transmission, PPE supplies are more stable (including reusable respirators that can be used in sterile areas), the immunity of the population has increased due to both vaccination and natural infection, and clinical outcomes are generally milder. Additionally as pre-procedural testing is performed at a single point in time – up to 96 hours prior to a procedure, it offers little reassurance as to a patient's COVID-19 status at the time of the procedure. The extensive use of laboratory testing in asymptomatic persons has unintended consequences for patients, including delay of important medical procedures, unnecessary isolation, and a difficult and sometimes costly process to obtain testing.

Why do we feel it is safe to make this change now?
The prevention of transmission of infections in healthcare relies on numerous layers of interventions and prevention of COVID-19 is no exception. Throughout the pandemic, we have relied on interventions such as symptom screening of patients, use of PPE, universal masking of patients, visitors and healthcare personnel, enhanced ventilation, physical distancing, physical barriers, and vaccination of patients and staff. As we have learned more about the transmission of COVID-19, we understand that not all layers of prevention are needed in every situation or care location. For example, in operative and procedural areas, ventilation (measured by air changes per hour) is some of the best in our hospitals. Additionally, outpatients undergoing procedures are either in private rooms or larger open care areas and stay there for a shorter duration than in the inpatient rooms. In contrast, in the inpatient setting where there are fewer air changes per hour, patients are generally unmasked and often in multi-bed rooms for longer durations and share bathrooms – all of which have the potential to increase the risk of transmission.

The pandemic is moving into a new phase, and we are creating processes that are less focused on COVID-19 and more applicable to the general prevention of transmission of all respiratory viruses, such as influenza. Since influenza also may have asymptomatic transmission, we continue to rely on PPE to protect healthcare personnel. Staff will remain masked for all patient care/patient-facing activities and respirators (reusable or disposable N95s) are still required for all high-risk procedures.

Will the personal protective equipment that I need to wear be changing?
No. At this time, you should continue to follow PPE guidance as outlined in the procedural area guidance and the COVID-19 Definitions and Isolation Precautions documents (inpatient and outpatient settings). Respiratory protection is still required for all high-risk procedures, regardless of the patient's COVID-19 status or location.

What if I am a provider and still wish to request a COVID-19 viral test for a patient scheduled for an outpatient procedure?
COVID-19 viral testing can still be ordered for any patient at the clinician's discretion. Providers may choose to accept home antigen testing meeting acceptability criteria for outpatients rather than a COVID-19 PCR. Retesting of asymptomatic individuals who are Prior COVID-19 status is still not recommended.

Please note that patients who are planned for admission post-procedure still require testing by COVID-19 PCR.

What if my patient tells me they have already tested positive for COVID-19 or had a recent exposure?
Please follow the COVID-19 Definitions and Isolation Precautions documents (inpatient and outpatient settings) for isolation precaution guidance based on time from infection for patients who meet COVID-19 Positive or Suspect status and time from exposure for those meeting COVID-19 Quarantine status. Guidance on requirements for discontinuation of precautions following infection or exposure may be accessed via links in these documents.

Providers may choose to delay elective procedures for patients with COVID-19 infection based on clinical decision making; this is not necessary from the standpoint of infection prevention as PPE, ventilation and isolation precautions will protect staff and other patients.

Why do some hospitals still test all patients before procedures?
Over the last year, many hospitals across the U.S. stopped testing asymptomatic patients prior to procedures, including some facilities in Massachusetts. Others never tested these patients. Throughout the pandemic, different hospitals chose a variety of layers of protection to use in combination to prevent transmission of COVID-19 based on available resources and their patient population. This is not to imply that one approach is better than another, but rather that it is the overlay of multiple prevention strategies that provides the best protection.