COVID-19 Testing and Retesting: Guidance and Frequently Asked Questions (12.11.20)

This document aims to answer common questions and provide guidance regarding COVID-19 testing. The document will be regularly reviewed and updated by subject matter experts, to answer common questions as new evidence and information is available.

Frequently Asked Questions

1. Do patients previously tested positive who are now ASYMPTOMATIC need to be retested upon emergency room visit, or inpatient admission?

2. Do patients previously tested positive who are now ASYMPTOMATIC need to be retested before elective surgery or procedure?

3. Are all hospitalized admissions required to be COVID-19 tested?

4. What is the acceptable timeframe to be tested before surgery or procedures?

5. For asymptomatic patients who have been tested for COVID-19 in the hospital, results are negative, and are scheduled for a procedure or surgery during the same hospitalization, is another COVID-19 test required?

6. For asymptomatic patients who are undergoing non-AGP serial procedures as an outpatient, how often should they be tested?

7. For asymptomatic patients who are undergoing serial AGP as an outpatient, how often should they be tested?

8. If patient tests negative, when is it recommended to retest?

9. If patient tested positive, can they be transferred to specialty unit, such as behavioral health or rehab?

10. Do patients in semiprivate rooms need to be retested every 72 hours, if the roommate was discharged?

Pre-operative and pre-procedural testing (*Subject to change based on testing modifications)
Patients with positive COVID-19 tests, with an emergent or urgent need should proceed and follow the PPE Resource/Surgical PPE Grid. Patients who are symptomatic should defer elective procedures until they are symptom-free for 10 days beyond illness. Patients with negative COVID-19 tests before procedures and surgeries may proceed. Team members should continue to follow PPE resource guide and utilize PPE according to the procedure being performed.

1. Do patients previously tested positive who are now ASYMPTOMATIC need to be retested upon emergency room visit, or inpatient admission?

   If within 90 days of first positive test: NO.
   If > 90 days of first positive test: YES

2. Do patients previously tested positive who are now ASYMPTOMATIC need to be retested before elective surgery or procedure?

   If within 90 days of first positive test: NO.
   If > 90 days of first positive test: YES
Surgery or procedures may proceed

**Rationale:** Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset. Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others.

3. Are all patients admitted to the hospital required to be COVID-19 tested?
Yes, with the following exception: Previously positive asymptomatic patients with verifiable results

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4. What is the acceptable timeframe to be tested before surgery/procedure? Between 48-72 hours is acceptable. Patients should still be screened for COVID-19 symptoms and temperature on the day of surgery/procedure. If they have any symptoms or signs suggestive of COVID-19 infection, the surgery/procedure should be postponed.

**Rationale:** Nationwide practices for pre-operative and pre-procedural COVID-19 testing vary. The risk of acquiring COVID-19 less than 72 hours before surgery is extremely low unless the patient is unable to self-isolate.

5. For asymptomatic patients who have tested negative for COVID-19 on hospital admission and are scheduled for an AGP surgery/procedure during the same hospitalization, is another COVID-19 test necessary? Yes, testing is required 48-72 hours before surgery/procedure, even if the patient has previously tested negative.

**Rationale:** Risk of nosocomial spread of COVID-19 is very low, especially in light of universal masking, use of face shields, respirators for all COVID-19 care, and respirators for all aerosol generating procedures (with or without COVID-19).

6. For asymptomatic patients who are undergoing serial non-AGP as an outpatient, how often should they be tested? Repeated testing is not required, unless high risk household exposure is identified.

7. For asymptomatic patients who are undergoing serial AGP as an outpatient, how often should they be tested? Testing is required 48-72 hours before each procedure/surgery

**Rationale:** The risk of acquiring COVID-19 if the patient is able to self-isolate is low

8. If an inpatient tests negative for COVID-19, when should they be retested? Repeat testing of COVID-19 negative inpatients should be reserved for patients in whom the clinician has a continued high index of suspicion for COVID-19 despite a negative test and no alternative diagnosis. If there is continued clinical suspicion for COVID 19, may retest one additional time, but not recommended until at least 48 hours after the initial test. If there are two negative tests, additional testing is not recommended as it does not support diagnostic stewardship.

9. If patient tested positive, can they be transferred to specialty unit, such as behavioral health or rehab? If asymptomatic AND test date is >10 days= Yes, this aligns with the desolation criteria guidance

10. Do patients in semiprivate rooms need to be retested every 72 hours, if the roommate was discharged? Yes, the retesting is for safety of the next patient that may be placed in that semiprivate room. The 72 hr. retesting can conclude once patient is placed in a private room environment.

**References**

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*Created by: System ID/IP Infection Prevention Team  Date: 6.23.20  Revised date: 12.11.20*

2. “Position Statement from the National Centre for Infectious Diseases and the Chapter of Infectious Disease Physicians, Academy of Medicine, Singapore.” May 23, 2020.


