



Ascension

Procedures After Recovery From COVID-19

Ascension Texas - 5/14/20

This policy incorporates guidance from:

- The CDC's [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19](#) and [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#),
- The [Joint Statement on Perioperative Testing for the COVID-19 Virus](#) from American Society of Anesthesiologists and the Anesthesia Patient Safety Foundation,
- The CDC's [Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19](#),
- The [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#), and
- Consideration of the [increased pulmonary risk of general anesthesia after viral upper respiratory infections](#).

When performing procedures on a patient with a history of COVID-19, management depends on the elapsed time since symptom onset (or since obtaining the sample that tested positive for SARS-CoV-2 in patients without symptoms):

- **Lowest Risk Approach:**
 - Procedure can be delayed > 4 weeks, and patient should have no fever for 3 days plus resolution of COVID symptoms
 - Manage patient as if no history of COVID-19
 - If the patient is immunocompromised, discuss with site Infection Prevention and Infectious Disease service.
- **Moderate Risk Approach:**
 - Procedure can be delayed 2 to 4 weeks
 - Note: Patient may be at increased risk for post-procedure complications.

- Two options for management to be determined by the surgeon/proceduralist and the patient:
 - *Option #1 "Symptom-based Strategy"*
 - No fever for 3 days plus resolution of COVID symptoms.
 - *Option #2 "Test-based Strategy"*
 - Resolution of fever and improvement of COVID symptoms, plus obtain molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected ≥ 24 hours apart (total of two negative specimens).
 - If both tests are negative, then proceed.
 - If either test is positive, then discuss with site Infection Prevention and Infectious Disease service.
- If the patient is immunocompromised, discuss with site Infection Prevention and Infectious Disease service.
- **Highest Risk Approach:**
 - Procedure proceeds within 2 weeks of patient's symptom onset (or a positive test in patients without symptoms)
 - Note: Patient likely is at increased risk for post-procedure complications.
 - Manage patient as if COVID-19 positive.