



Outpatient • Office Based • Non-Operating Room

**Society for Ambulatory Anesthesia (SAMBA) Statement on COVID-19
Testing Before Ambulatory Anesthesia
4/30/2020**

As the number of patients affected with COVID-19 begins to level off, many states have eased restrictions for resuming elective surgeries. Accordingly, health care facilities are planning a stepped approach to resume care as outlined in our previous [SAMBA Statement on Resuming Ambulatory Anesthesia Care](#), dated 4/18/2020. Our statements apply to all ambulatory surgeries and procedures supported by anesthesiologists in hospital operating rooms, non-operating room anesthesia (NORA) locations, ambulatory surgery centers (ASC), and office-based anesthesia practices.

Many patients have delayed time-sensitive procedures that may be having negative consequences. SAMBA reiterates our previous advice urging providers to consider the burden of COVID-19 locally, the availability of resources such as PPE, numbers of hospitalized COVID-19 patients and the ability to test patients preoperatively.

Testing for the SARS-CoV-2 virus, which is responsible for COVID-19, has been limited by a variety of barriers such as the number of test kits and the logistics of testing outpatients. In our previous [statement](#) we urged screening all patients before anesthesia for symptoms of COVID-19 and testing all patients as feasible. SAMBA is offering additional guidance to our member facilities and members regarding SARS-CoV-2 testing as we resume elective procedures.

SAMBA supports the [statement](#) issued by our affiliate society, The American Society of Anesthesiologists (ASA) and the Anesthesia Patient Safety Foundation (APSF), dated 4/29/2020 that corroborates our [previous recommendations](#) to screen for symptoms and test all patients scheduled for elective surgery.

We further recommend and clarify:

1. All patients should be asked about symptoms of COVID-19. These include well-known symptoms like fever, cough, dyspnea, malaise, and myalgias. In addition, many are advocating screening for more atypical symptoms such as nausea, vomiting, diarrhea and loss of smell and taste.
2. Symptomatic and SARS-CoV-2 virus positive patients should be referred to appropriate resources and have elective procedures postponed.
3. We recommend that patients are screened and tested as close to procedures as possible. Timing depends on available logistics and resources. We recommend testing 24-48 hrs before planned procedures and no greater than 72 hrs as feasible.
4. Once patients are tested they should be encouraged to self-isolate leading up to their procedures.
5. Patients who have negative tests and continue to screen negative for COVID-19 like symptoms until the time of surgery can proceed with their planned elective surgery.

However, given the known false negative rates of testing (up to 30%) even a negative test does not guarantee non-infectivity. Therefore, SAMBA continues to endorse that all staff should wear appropriate masks at all times while in the facility. And, they should wear N-95 masks, and goggles or face shields for aerosol generating procedures (AGP) such as, upper and lower GI endoscopy, bronchoscopy, head and neck and airway procedures, intubation and extubation.

6. We warn our members and facilities that different states have different mandates and policies for testing for all patients before non-emergency surgeries so we urge everyone to be familiar with and follow local, county and state requirements.
7. Antibody testing does not replace testing for the SARS-CoV-2 virus, as currently little is known about its protective value and some patients do not develop antibodies with COVID-19. Antibody testing should not be performed for patient triaging.

In conclusion, SAMBA supports screening and testing all patients before non-emergency procedures or surgeries, if at all feasible.