



Novel coronavirus (COVID-19) standard operating procedure

Testing for elective care pre-admission patient pathways

4 April 2022, Version 1

Overall aim

To provide asymptomatic testing, as required by a clinically led risk-based approach, to elective care patients using primarily lateral flow devices (LFDs), or polymerase chain reaction (PCR) tests if clinically recommended, from 1 April 2022. This will enable patients on elective care pathways to test as advised in advance of being admitted for an elective care procedure, ensuring safe care for the patient, reducing the risk of nosocomial transmission, and supporting the delivery of elective recovery.

Objectives

- To deliver safe care to patients.
- To support the NHS in its infection control risk reduction strategy.
- To support the delivery of elective care pathways.

Context

In the [letter](#) of 30 March we outlined the approach to pre admission testing for elective patients for elective care procedures and treatment.

A risk-based approach should be taken between the patient and the clinical team in all cases; and patients should be advised they will be tested with LFD, or if required PCR, or whether they will not require a test, according to the specific set of circumstances.

Other guidance, including the Royal College of Anaesthetist guidance on Planned Surgery, may be considered as part of routine clinical care.

- All patients whose elective procedure requires at least an overnight stay, and day-case patients who are not fully vaccinated¹ should be tested with an LFD in advance of admission.
- For the minority of patients who will need an episode of critical care following their elective procedure, or for any other patient where a clinician deems that their risk profile warrants a PCR test in advance of their procedure, arrangements for a PCR test should be made.
- No COVID-19 test will be required for fully vaccinated day-case patients deemed by their treating clinician to be low-risk.

Implementation

LFDs should be used for patients who are being admitted as part of their elective care pathway for at least an overnight stay, and day-case patients who are not fully vaccinated. The patient should access an LFD through ordering on the [gov.uk portal](#) or by telephoning 119. The patient should ideally be given 10 days' notice of the requirement to perform a lateral flow test to allow sufficient time for ordering and delivery.

The test should be performed three days (72 hours) in advance of their first planned attendance to hospital, and the patient should be asked to minimise their exposure risk between the test and the procedure. The patient should report the test result online at [gov.uk](#) or by telephoning 119. This will generate an email or text message confirmation of the result. The patient should bring proof of the recent negative test with them when they attend for their elective procedure, and this should be recorded in the patient's medical notes.

Any positive test results should be notified to the trust immediately by the patient, so that the clinical team can be made aware and assess any risk that may arise. The letter informing patients of the requirement to test should include the necessary contact details for informing the trust if the test is positive.

NHS trusts will need to follow processes to manage risk and appropriately consent patients. NHS trusts will also need to communicate these testing requirements to patients. They will need to put in place a mechanism to check and record results of patients who have tested at home when they attend for their procedure.

¹ Fully vaccinated patients are those patients who have received both doses of an approved COVID-19 vaccine, **and** all relevant booster doses according to their age/clinical status.

NHS trusts will need to put in place alternative arrangements for patients who have difficulties with home testing or fail to test in advance of admission, including when a patient may need to attend for elective surgery at short notice, eg due to a cancellation. Each trust has access to sufficient LFD tests for use in elective care as a contingency in the event of this by ordering through the national LFD team in line with current arrangements. Any difficulties should be highlighted to the team via england.covid-lfd@nhs.net. Tests are to be carried out by a trained member of staff.

Every assisted LFD test result, positive, invalid and negative, should be logged by the relevant ward or department according to the existing Trust procedure. Collated results should be uploaded to NHSTestResultsLFD on Strategic Data Collection Service SDSCS. LFD stock holdings are to be reported weekly to NHSStaffLFT. Organisations not yet registered on SDSCS for these collections should contact england.covid-lfd@nhs.net.

A PCR test should be undertaken for all patients who will require an episode of critical care following their elective procedure, or for any other patient where a clinician deems that their risk profile warrants a PCR test in advance of their procedure. This should be agreed as part of the pre-operative assessment process, and the PCR test should be ordered from an NHS Pillar 1 laboratory, to be performed three days (72 hours) in advance of the procedure date. This cohort of patients will be strongly advised to isolate from the time of the test until the date of their procedure.