

**Interim Guidance for SARS-CoV-2 Testing and PPE Use for Surgery or Other Procedures
June 26, 2020 (replaces guidance from May 29, 2020)**

ALL hospitalized and ambulatory patients WITHOUT a prior positive test for SARS-CoV-2 who are scheduled for aerosol-generating procedures or surgery/other procedures that require general anesthesia, deep sedation, or moderate sedation should be tested by SARS-CoV-2 PCR *before* the procedure. *The need for repeat testing of patients WITH a prior positive SARS-CoV-2 test varies depending on patient and procedure-specific details.*

NEW UPDATES FROM PRIOR GUIDANCE PUBLISHED ON 5/29/20:

- Eye protection, in addition to a surgical mask, should be used by healthcare personnel (HCP) providing direct patient care to ALL patients (**Table 1**)
- An N95 respirator should be worn by HCP during all aerosol-generating procedures, regardless of SARS-CoV-2 test results.
- Clarification of recommendations and requirements for SARS-CoV-2 PCR testing, scheduling, and PPE/isolation for patients with a history of a positive SARS-CoV-2 PCR test for patients undergoing emergent or urgent (**Figure 2**) and elective surgery or procedures (**Figure 3**)
- The window period during which pre-surgery/pre-procedure testing for SARS-CoV-2 must be performed has been extended from 3 days to **5 days** prior to the surgery/procedure.
- New York Governor Cuomo has announced that travelers from states with a significant degree of community transmission of COVID-19 must quarantine for 14 days upon arrival in New York, New Jersey, or Connecticut. Patients should be screened for travel from such states with arrival in New York on or after June 25, 2020. States currently included in the quarantine requirement include: Alabama, Arizona, Arkansas, Florida, North Carolina, South Carolina, Texas and Utah. Further guidance on implementation of this new requirement among patients who require surgery is forthcoming.

GENERAL PRINCIPLES OF PRE-PROCEDURE TESTING

Pre-procedure testing is recommended for three main reasons: 1) to identify pre-symptomatic patients who may be at higher risk for adverse clinical outcomes if they undergo a major procedure immediately before developing COVID-19 clinical illness; 2) to identify patients who may pose a risk of transmission to HCP during the procedure; and 3) to adhere to New York State requirements for testing prior to certain elective surgeries and procedures.

This document provides guidance for **(1)** initial pre-procedure COVID-19 symptom screening and SARS-CoV-2 testing and **(2)** subsequent testing and scheduling of patients who have a history of previous positive SARS-CoV-2 PCR test or have a positive SARS-CoV-2 PCR test at the time of initial pre-procedure/pre- surgery testing.

Contact Infection Prevention & Control:

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SYMPTOM SCREENING

Prior to and upon arrival for pre-procedure/pre-surgery testing and prior to the procedure/surgery, screen all patients for symptoms of COVID-19: subjective or measured **fever, cough, shortness of breath, sore throat, muscle aches, diarrhea, nasal congestion, headache, chills/rigors, new onset loss of smell, or altered sense of taste.**

- If patient is SYMPTOMATIC:
 - Non-emergent procedures/surgery should be postponed or canceled.
 - If emergent or urgent surgery is required, see **Table 1** for additional guidance regarding transmission-based precautions and personal protective equipment (PPE).
- If patient is ASYMPTOMATIC, proceed with pre-procedure/pre-surgery testing.

SARS-CoV-2 TESTING

Patients for Whom Testing Should be Performed: Testing should be performed for ALL patients without a prior positive PCR test for SARS-CoV-2 who are scheduled for aerosol-generating procedures OR surgery or procedures that will require general anesthesia, deep sedation or moderate sedation (see **Table 1**). *For patients with a prior positive PCR test for SARS-CoV-2, see **Figure 2** and **Figure 3** for information about retesting.*

Type/Method of Testing: Conduct PCR-based testing for SARS-CoV-2 on a nasopharyngeal (NP) swab sample. Antibody testing for SARS-CoV-2 is NOT appropriate for pre-procedure/pre-surgery testing.

Timing of Pre-Procedure Testing: Patients who require pre-procedure/pre-surgery testing should have SARS-CoV-2 PCR testing performed ideally within the **3 days*** prior to the procedure, according to campus-specific processes. **If it is not possible to perform testing within 3 days, testing is allowable up to 5 days prior to the procedure based on New York State regulations.*

- Testing at outside facilities is acceptable if an NP swab PCR test has been collected within the 5 days prior to procedure and the HCP obtains written documentation of results (i.e., paper copy or through patient portal) that includes the date of the test, patient’s name and another identifier (e.g., date of birth), type of test, and test result.
- For patients who require subsequent procedures/surgery, if the initial test was negative, testing should be repeated if the subsequent procedure/surgery will occur more than 5 days after the initial test was performed.

PROTOCOL FOR PRE-PROCEDURE/PRE-SURGERY TESTING AND PROCEDURE SITES

Upon Arrival for Testing or Procedure

- All patients and any accompanying visitors should don a surgical mask. Patient should keep surgical mask on before and after the procedure.

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- Screen patient for symptoms of COVID-19: subjective or measured ***fever, cough, shortness of breath, sore throat, muscles aches, diarrhea, nasal congestion, headache, chills/rigors, new onset loss of smell, or altered sense of taste.***

If patient has symptoms:

- Institute Contact and Droplet precautions. Postpone or cancel non-emergent procedures or surgery in consultation with provider.
- If procedure or surgery cannot be postponed, obtain NP swab for SARS-CoV-2 PCR test and refer to **Table 1** for additional guidance regarding transmission-based precautions and PPE.

If patient is asymptomatic and has not yet undergone SARS-CoV-2 PCR testing:

- Obtain NP swab for SARS-CoV-2 PCR testing.
- Unless emergent, the procedure or surgery should be delayed until test results are available.

Personal Protective Equipment and Isolation Precautions

- **All HCP at all times:** wear surgical mask and eye protection and follow Standard Precautions.
- **During collection of NP swab from asymptomatic patients:** all HCP wear surgical mask, eye protection, and gloves.
- **Before procedure:**
 - Asymptomatic patients with a pending SARS-CoV-2 PCR test should practice social distancing and continue to wear a surgical mask, but do NOT require placement in a single room or a negative pressure isolation room.
 - If test result returns positive or indeterminate, implement Contact and Droplet precautions.
 - Symptomatic patients with a pending, positive, or indeterminate PCR test result should be placed on Contact and Droplet precautions.

TIMING OF SURGERY OR PROCEDURE BASED ON RESULTS OF SYMPTOM SCREENING AND SARS-COV-2 TESTING

The decision to proceed with surgery or a procedure is based on the urgency of the surgery/procedure and the results of symptom screening and SARS-CoV-2 testing (**Figure 1**).

Patients who are asymptomatic and test negative for SARS-CoV-2:

Surgery/procedures may proceed as clinically indicated. See **Table 1** for recommended PPE to be used during surgery/procedure.

Patients with symptoms of COVID-19 OR who test positive for SARS-CoV-2 at the time of initial pre-surgery/pre-procedure testing:

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For patients with COVID-19 symptoms OR who test positive for SARS-CoV-2, the timing of surgery/procedures depends on 1) the urgency of the surgery/procedure, 2) the potentially increased risk of adverse outcomes for the patient, 3) the risk of transmission within the health care setting (which includes the length of time that has passed since the onset of symptoms or the first positive SARS-CoV-2 test), and 4) current public health recommendations and requirements (see **Figures 2 and 3**). In general, non-emergent procedures should be deferred. The guidance in **Figures 2 and 3** is intended to assist clinicians in balancing these priorities and avoiding unnecessarily prolonged deferral of surgery/procedures. SARS-CoV-2 RNA may be detected by PCR-based testing of NP samples for many weeks after initial infection. Recent studies, however, have shown that live/viable virus has not been cultured from such samples more than 9 days after onset of illness, suggesting that persistently positive PCRs do not indicate ongoing infectivity.

REFERENCES

Hanson KE, et al. Infectious Diseases Society of America guidelines on the diagnosis of COVID-19. April 27, 2020. <https://www.idsociety.org/practice-guideline/covid-19-guideline-infection-prevention/>

NYSDOH. COVID-19 directive regarding the resumption of elective outpatient surgeries and procedures in general hospitals in counties and facilities without a significant risk of COVID-19 surge. April 29, 2020.

NYSDOH. Resumption of elective outpatient surgeries and non-urgent procedures (deferred procedures) in ambulatory surgery centers, office-based surgery practices and diagnostic and treatment centers in counties without a significant risk of COVID-19 surge. May 19, 2020.

NYSDOH. Updated guidance for resumption of non-essential elective surgeries and non-urgent procedures in hospitals, ambulatory surgery centers, office based surgery practices and diagnostic and treatment centers. June 14, 2020.

NYSDOH. Interim guidance for quarantine restrictions on travelers arriving in New York State following out of state travel. June 24, 2020.

NYCDOHMH. Updated guidance for health care personnel on personal protective equipment for COVID-19 and work restrictions following exposure. June 25, 2020

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Table 1: PPE Requirements Based on Type of Surgery/Procedure and SARS-CoV-2 Test Result

Type of Surgery/ Procedure	Examples	Pre-Procedure SARS-CoV-2 PCR Testing	PPE Requirements During Procedures Performed on <u>Asymptomatic Patients</u> Based on SARS-CoV-2 PCR Results		
			Positive, Indeterminate or Pending	Negative	Test Not Performed
Surgeries/procedures that require general anesthesia, deep sedation or moderate sedation		Required¹	N95, eye protection, gown, gloves	Surgical mask, eye protection, routine PPE appropriate for procedure, +N95 for aerosol-generating procedures	N95, eye protection, gown, gloves
Aerosol-generating procedures	Bronchoscopy, TEE, upper GI endoscopy, procedures of aerodigestive tract that involve insufflation of air, dental procedures, tracheostomy placement, sleep studies that may require NIPPV	Required¹	N95, eye protection, gown, gloves	N95, eye protection, routine PPE appropriate for procedure	N95, eye protection, gown, gloves
Procedures/tests during which patient cannot wear a surgical mask AND that may increase generation of respiratory droplets	Testing that involves exercise (e.g., treadmill, bicycle, walk test), pulmonary function tests (PFTs)	Consider (Consider testing if result would influence decision to delay/perform procedure/test)	N95, eye protection, gown, gloves	Surgical mask, eye protection, routine PPE appropriate for procedure, +/-N95	N95, eye protection, gown, gloves
Surgeries/procedures that do NOT generate aerosols and do NOT require general anesthesia, deep sedation, or moderate sedation	Skin biopsy, transthoracic echocardiography, imaging tests (e.g., CT, MRI)	Not Required or Recommended	N/A ²	N/A ²	Surgical mask, eye protection (<i>as appropriate for procedure OR if patient will not wear mask during procedure</i>), routine PPE appropriate for procedure, +/-N95 for prolonged close contact if patient is unable to wear a mask

¹If surgery or procedure is required emergently prior to test result availability, proceed as outlined in “Positive or Indeterminate” column.

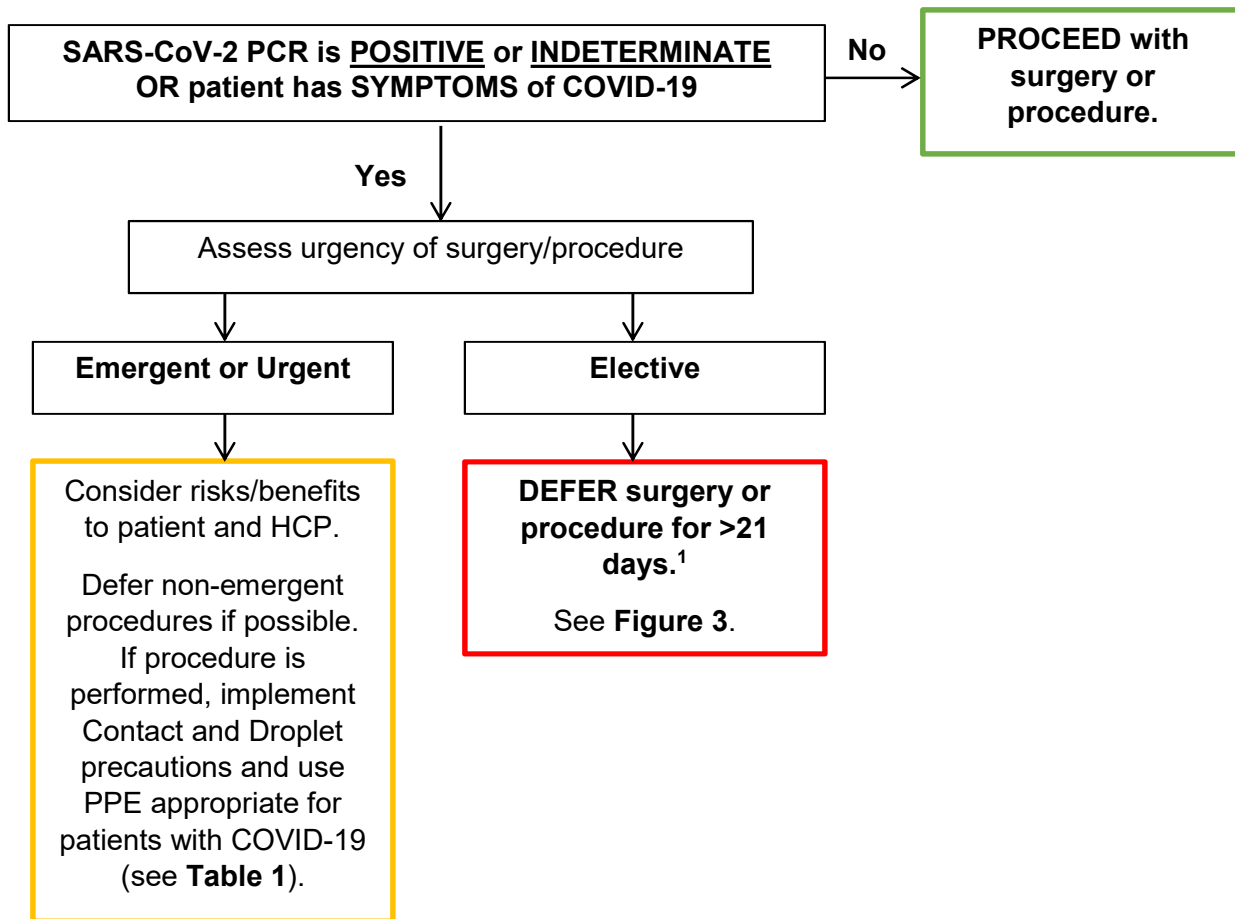
²Testing for SARS-CoV-2 is not required for these procedures. However, if testing is performed and results is positive or patient is otherwise known to have COVID-19 (e.g., was tested due to symptoms of COVID-19), implement contact and droplet precautions as appropriate for COVID-19.

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Interim COVID-19 Testing Guidance for Patients having Surgery or Other Procedures
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Figure 1: Timing of Surgery and Procedures Based on Results of INITIAL Pre-Surgery/Pre-Procedure Symptom Screening and SARS-CoV-2 Testing of Patients WITHOUT a Prior History of a Positive SARS-CoV-2 Test



¹NYSDOH requires deferral of elective procedures for a minimum of 21 days after a patient initially tests PCR positive for SARS-CoV-2.

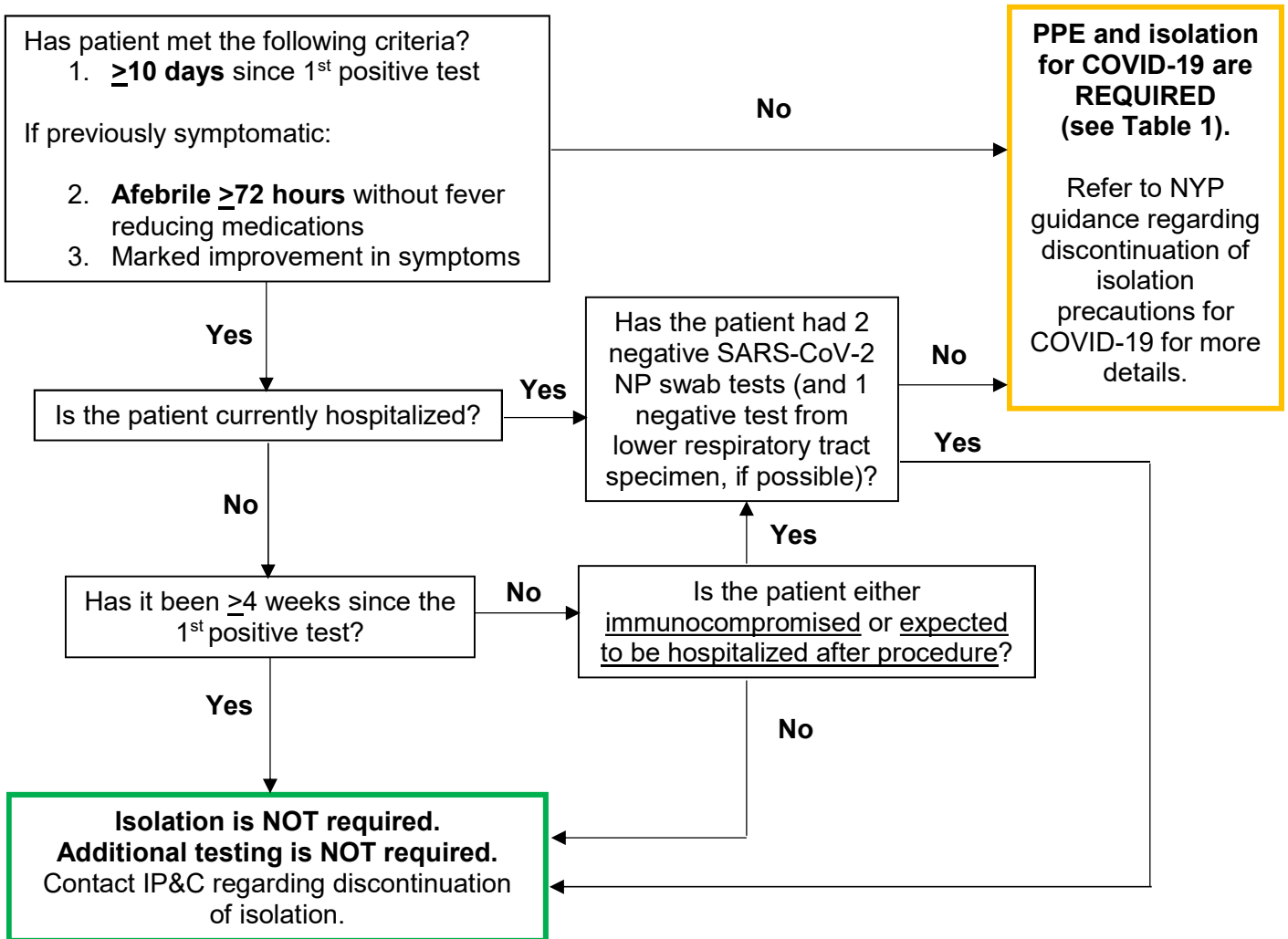
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Figure 2: Patients WITH a Prior Positive SARS-CoV-2 PCR Test: Scheduling and PPE/Isolation Requirements for EMERGENCY AND URGENT SURGERY/PROCEDURES

Repeat testing of patients with a prior positive SARS-CoV-2 PCR is NOT REQUIRED in order to proceed with emergent or urgent surgeries and procedures. The timing of such procedures should be based on clinical need. When possible, deferral of surgery and procedures for at least 10 days after onset of symptoms or a first positive test for SARS-CoV-2 should be considered. Although not required in order to schedule or proceed with emergent/urgent surgery and procedures, repeat testing may be required in some cases in order to determine if PPE and isolation for COVID-19 is required before, during, and after the surgery or procedure.



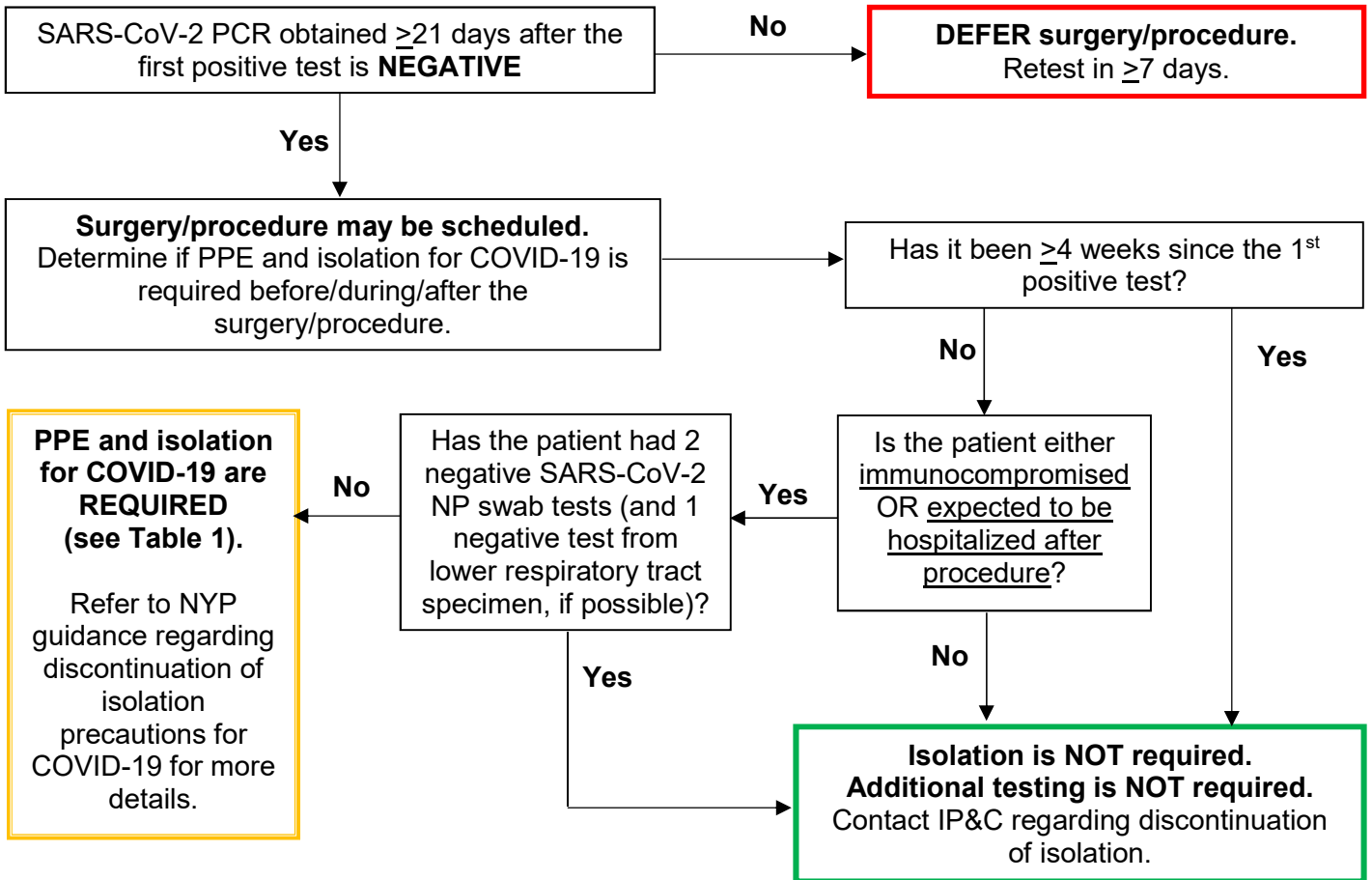
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Figure 3: Patients WITH a Prior Positive SARS-CoV-2 PCR Test: Retesting, Scheduling and PPE/Isolation Requirements for ELECTIVE SURGERY/PROCEDURES

NYSDOH requires a negative test for SARS-CoV-2 within 5 days of elective surgery and procedures. For patients who test positive at the time of initial pre-surgery/pre-procedure testing, NYSDOH requires (1) the surgery/procedure be deferred for at least 21 days and (2) the patient to have a subsequent negative test prior to the surgery/procedure. **For patients who had symptoms of COVID-19, repeat testing should not be performed until patient has been afebrile >72 hours and other symptoms have markedly improved.** While the surgery/procedure may proceed after a single negative test result, the use of PPE and isolation for COVID-19 will be required during and after the surgery/procedure in some situations.



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