

**FAQs for SARS-CoV-2 Testing for Patients Having Surgery
Or Other Procedures
August 14, 2020 (Replaces FAQs posted on June 1, 2020)**

This FAQ guidance describes symptom, travel, and exposure screening and SARS-CoV-2 pre-procedure testing of ambulatory and hospitalized patients who are scheduled for surgery or other procedures that require general anesthesia, deep sedation or moderate sedation, or for aerosol-generating procedures.

1. Why are hospitalized and ambulatory patients WITHOUT a prior history of a positive SARS-CoV-2 PCR being tested for SARS-CoV-2 prior to surgery and certain procedures? (See question #14 for information about patients WITH a prior history of a positive SARS-CoV-2 PCR test.)

The reasons why patients are being tested for SARS-CoV-2 prior to surgery and certain procedures are 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 illness.
- Identify patients who may pose a risk of transmission to healthcare personnel (HCP) during the procedure.
- Adhere to New York State requirements for testing patients prior to elective surgery and certain elective procedures.

2. For which types of procedures should patients be tested for SARS-CoV-2?

- Testing is required for surgery or procedures that require general anesthesia, deep sedation or moderate sedation, aerosol-generating procedures such as bronchoscopy, aerodigestive tract procedures that involve insufflation of air, dental procedures, tracheostomy placement, or sleep studies that may require NIPPV.
- Testing may be considered for procedures or tests during which a patient cannot wear a surgical mask and that may increase generation of respiratory droplets if testing result would influence the decision to delay the procedure or test, such as testing that involves exercise (e.g., treadmill, bicycle) or pulmonary function tests (PFTs).

3. When should patients who are scheduled for surgery or procedures be screened for symptoms, travel, and exposure to COVID-19?

ALL patients should be screened for symptoms, travel, and exposure to COVID-19 prior to and upon arrival for pre-procedure/pre-surgery testing.

Symptoms of COVID-19 include: 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. *Symptomatic patients should **NOT** be tested in the pre-procedure testing sites.***

In addition, **ALL** patients should be screened for:

- Recent exposure to another individual with newly diagnosed COVID-19, for
- Recent travel from another country

- Travel from a state with a quarantine requirement as defined by the New York State Department of Health (see <https://coronavirus.health.ny.gov/covid-19-travel-advisory> for a current list of states)

Patients who screen positive for recent COVID-19 exposure, international travel or travel from a state with a quarantine requirement should ideally have in-person visits and elective procedures deferred until after the 14-day quarantine period has passed. An exception is the asymptomatic patient who has traveled to New York from an affected state solely to receive healthcare. In such cases, the patient should be placed on contact and droplet precautions while in the medical facility and remain quarantined when outside of the medical facility.

Asymptomatic patients who screen positive for these criteria may be tested at an NYP testing site, but require contact and droplet precautions while in a medical facility.

4. **What if a patient has symptoms?**

Patients with symptoms should call their doctor and should **NOT** be tested in the pre-procedure testing sites.

Non-emergent procedures/surgery should be postponed or canceled.

If a symptomatic patient requires an emergent or urgent surgery or procedure, see <https://inonet.nyp.org/EPI/Documents/InterimPreproceduralCOVID-19TestingGuidelines.pdf> for guidance on transmission-based precautions and personal protective equipment (PPE). Symptomatic patients should be placed in a single room on Contact and Droplet precautions in the procedure area.

5. **Which test should be used for pre-surgery/pre-procedure testing?**

- A diagnostic test that detects the presence of SARS-CoV-2 RNA (e.g., PCR, nucleic acid amplification) should be used for pre-procedure testing.
- Testing for antibodies to SARS-CoV-2 or SARS-CoV-2 antigens is **NOT** appropriate. A previous positive antibody test does not remove the requirement for pre-procedure testing.
- At NYP, Columbia, and Weill Cornell testing sites, testing is performed using a nasopharyngeal (NP) swab sample. When testing is performed at other sites, the following respiratory specimen types are considered acceptable for testing conducted prior to surgery and procedures at NYP, Columbia and Weill Cornell facilities: NP swab, oropharyngeal swab, nasal swab, and mid-turbinate swab. Saliva as a single specimen source is not acceptable.

6. **When should the pre-surgery/pre-procedure PCR test for SARS-CoV-2 be done?**

- Testing must be performed no more than 5 days prior to the day of the procedure. The day of the procedure is considered day zero, so testing may be performed up to day -5 (e.g., a procedure performed on Tuesday may be tested as early as the previous Thursday).
- There is currently a critical national shortage of rapid test kits and of SARS-CoV-2 diagnostic test kits, in general. Whenever possible, testing should be done at least two days before the day of the surgery/procedure as rapid testing may not be available on

the day of the procedure.

7. How is pre-procedural/pre-surgical/pre-elective admission testing ordered?

- Multiple testing sites have been set up across NYP campuses and affiliated facilities. A list and map of testing sites is available at:
https://infonyet.nyp.org/EPI/Documents/NYP_Universal_PCR_Testing_Sites.pdf
- To schedule a pre-procedure PCR SARS-CoV-2 test for patients at an NYP testing location, providers should place an order for a PCR nasopharyngeal swab for SARS-CoV-2 in their respective campus EMR (EPIC, Athena, Cerner).
- Patients should be directed to call the NYP Testing Call Center at **646-NYP-EXAM (646-697-3926)** to schedule an appointment at a testing location most convenient for them.
- If a provider does not have access to the EMR of the patient's preferred testing site, the provider will need to complete a written order/prescription for their patient to be tested at that site. *For example, if a Weill Cornell provider would like their patient to be tested at a Queens testing location (a non-Epic site), they will need to provide a written order for the PCR nasopharyngeal swab SARS-CoV-2 test to be obtained.*
- Appointment slots are subject to availability at each NYP location.

Note: All testing sites can accommodate children 12 years of age and older.

Note: Not all testing sites can test children younger than 12 years of age. Pediatric testing sites are noted on the [testing locations map](#).

8. Where are test results found?

Test results can be found in the iNYP tab of the electronic medical record.

9. Is testing at a non-NYP testing facility acceptable?

Testing at outside facilities is acceptable as long as the criteria described in Questions 5 and 6 above are met 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.

10. What type of PPE and isolation precautions are needed during collection of NP swabs from asymptomatic patients?

PPE for HCP: During collection of NP swab from asymptomatic patients WITHOUT exposure to COVID-19 or recent travel as described in Question 3 above, HCP should wear a surgical mask, eye protection, and gloves. For collection of NP swab from asymptomatic patients WITH exposure to COVID-19 or recent travel as described in Question 3 above, HCP should wear a surgical mask, eye protection, gown, and gloves.

Isolation precautions: Asymptomatic patients who have had a recent exposure to COVID-19 or recent travel from a foreign country or from a state with a quarantine requirement, as defined by NYSDOH, should be placed on contact and droplet precautions. Asymptomatic patients without COVID-19 exposure or travel with a pending PCR test result should practice social distancing and continue to wear their surgical mask but do **NOT** require isolation precautions for COVID-19 or placement in a single room.

11. What if an asymptomatic patient is negative for SARS-CoV-2?

If an asymptomatic patient tests negative for SARS-CoV-2 and does not have recent travel or exposure to COVID-19, proceed with the surgery or procedure as clinically indicated.

12. What if an asymptomatic patient tests positive for SARS-CoV-2?

If the SARS-CoV-2 test of an asymptomatic patient is positive or indeterminate and the patient is at an NYP/Columbia/Weill Cornell facility, place the patient in a single room and implement Contact and Droplet precautions.

- **For elective ambulatory procedures**, as per the NYS Department of Health, postpone the surgery or procedure for a minimum of 21 days after the patient's initial SARS-CoV-2 positive test. Following this 21-day period, a negative SARS-CoV-2 PCR test result is required in order to proceed with the elective surgery or procedure.
- **For emergent procedures**, consider the risks and benefits to the patient and to HCP. If a procedure or surgery must be performed, use COVID-19 precautions with appropriate PPE including N95 respirator, eye protection, gown, and gloves.
- **For urgent procedures**, postpone the surgery or procedure for 10 days after the first positive test, if possible. If surgery or a procedure must be performed, use appropriate PPE including N95 respirator, eye protection, gown, and gloves.
- Provide the patient and their accompanying person with [Discharge Instructions for Patients with Suspected or Confirmed COVID-19](#) available on the Infonet.

13. What if a patient who tests negative for SARS-CoV-2 needs a subsequent procedure? Do they need to be retested?

For patients who require subsequent procedures or surgery, if the initial test was negative, testing should be repeated if the subsequent procedure or surgery will occur more than 5 days after the initial test was performed.

14. Do patients WITH a prior history of a positive SARS-CoV-2 PCR have to be retested prior to surgery or a procedure?

It depends upon whether the surgery/procedure is emergent/urgent or elective.

- **Elective surgery/procedures**: NYS DOH requires that all patients undergoing elective surgery and certain elective procedures test negative for SARS-CoV-2 prior to the surgery/procedure.
- **Emergent/urgent surgery**: Repeat testing is NOT required in order to proceed with emergent or urgent surgery and procedures. However, the risks and benefits of the surgery/procedure should be weighed and the surgery/procedure should be delayed for 10 days after the initial positive test, if possible. Unless the criteria for discontinuation of isolation have been met, PPE and isolation appropriate for COVID-19 must be used during the surgery/procedure.