

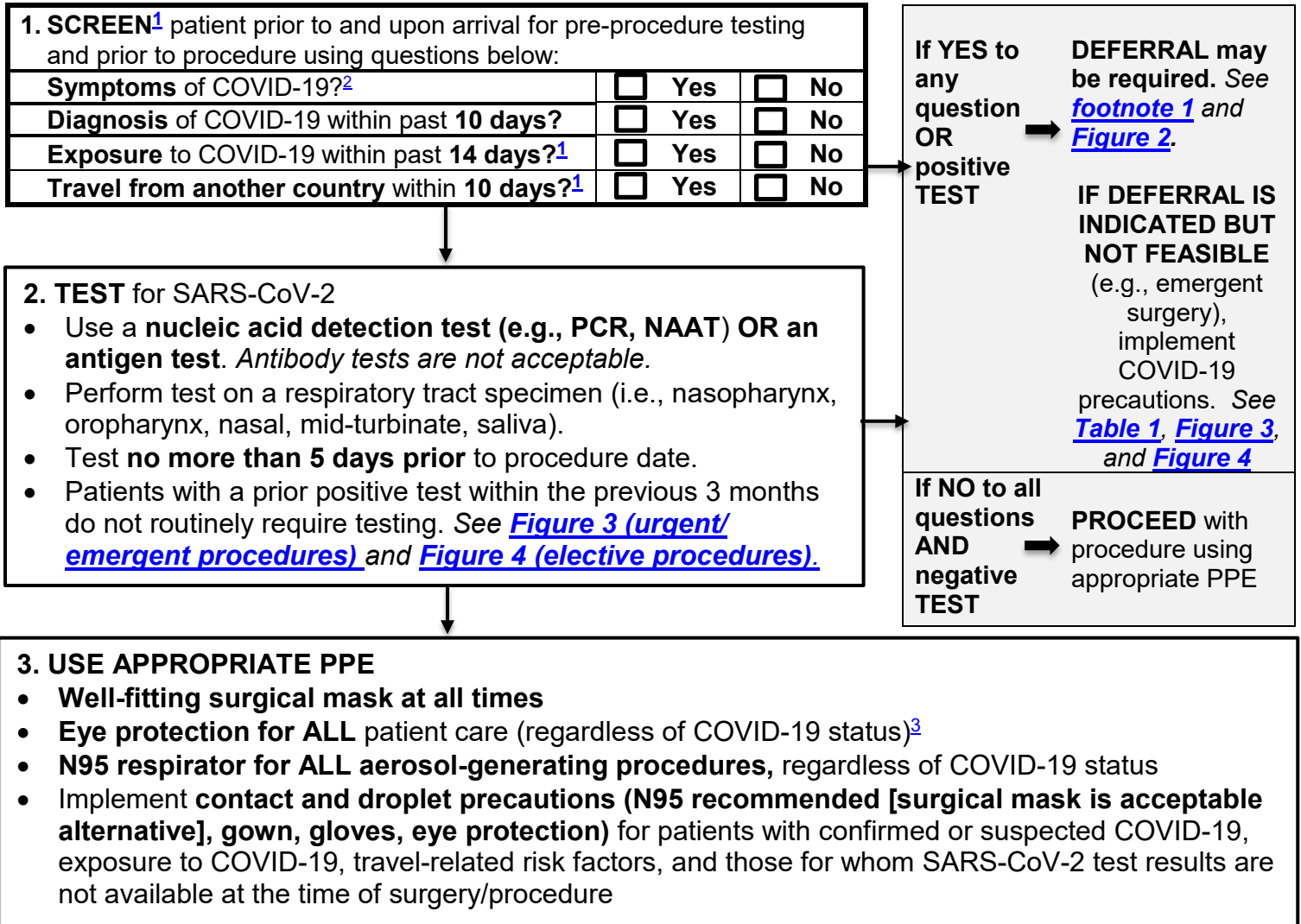
Interim Guidance for Surgery and Other Procedures: Screening, Testing, and Personal Protective Equipment (PPE) for COVID-19
June 2, 2021 (Replaces April 19, 2021 Guidance)

KEY UPDATES:

- 1) SARS-CoV-2 antigen tests are now considered acceptable for pre-procedure testing (Figure 1). *Note: NYP laboratories do not offer SARS-CoV-2 antigen tests but such tests performed at outside facilities are considered acceptable.*
- 2) For patients with a positive SARS-CoV-2 test within the previous 90 days, a subsequent negative test is NO LONGER REQUIRED in order to proceed with an elective procedure. The procedure can be performed once the patient meets criteria to discontinue isolation precautions (Figure 4). *Note: guidance regarding changes in requirements for preprocedural testing for fully vaccinated patients will follow in a future update to this guidance document.*

This document provides guidance for (1) initial pre-procedure COVID-19 symptom screening and SARS-CoV-2 testing, (2) personal protective equipment, and (3) subsequent testing and scheduling of patients who have a positive SARS-CoV-2 test.

FIGURE 1: OVERVIEW of Screening, Testing, and PPE for Surgery and Other Procedures



Contact Infection Prevention & Control:

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¹PLEASE NOTE: CDC and NYSDOH have eliminated certain quarantine restrictions following exposure to COVID-19 and international travel based on vaccination status and/or recovery from COVID-19 infection within the previous 3 months. However, because vaccinated persons are still required to strictly adhere to other interventions (e.g., hand hygiene, use of face coverings) through Day 14 after an exposure to COVID-19 and because adherence to these interventions may not be possible during surgery, procedures and hospitalization, **quarantine is continued through DAY 14 for certain patients undergoing procedures or hospitalization at NYP, CU, and WCM facilities. Deferral of elective procedures may also be required as follows:**

Scenario	Patient's Vaccination Status [†]	Contact and Droplet Precautions	Deferral of Elective Procedures
Exposure to COVID-19*	Vaccinated or Unvaccinated	14 days after last exposure	14 days after last exposure
International Travel*	Fully Vaccinated [†]	Not required	Defer until SARS-CoV-2 testing on Day 3-5 after arrival to US has been completed
	NOT fully vaccinated [†]	7 days after arrival to US if test negative on or after Day 3 in the US OR 10 days if not tested	7 days after arrival to US IF negative SARS-CoV-2 test on or after Day 3 in the US OR 10 days after arrival if no SARS-CoV-2 test performed after arrival to US

****“COVID Recovered”** patients (i.e., recovered from documented COVID-19 infection within the previous 3 months) do NOT require contact and droplet precautions or deferral of procedures after an exposure or international travel.

[†]**Fully vaccinated:** ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine.

NOTE: As of April 1, 2021, travelers to New York from other US states or US territories are no longer required to quarantine or undergo post-travel testing.

²**Symptoms of COVID-19** include fever (subjective or measured $\geq 100^{\circ}\text{F}$ or 37.8°C), cough, shortness of breath, sore throat, muscle aches, diarrhea, nasal congestion, headache, chills/rigors, new onset loss of smell, and altered sense of taste.

³**An exception to the eye protection requirement** is made if a HCP's essential work cannot be done while wearing eye protection (e.g., a surgeon using an operating microscope and/or eye protection interfering with visualization). **Specialty eyewear (e.g., loupes mounted on safety glasses) is ONLY considered protective if it extends to the brow and covers the sides of the eyes. Side shields** may be worn with specialty eyewear (or prescription eyeglasses, e.g., while performing surgery using a microscope) to provide additional coverage of the sides of the eyes **ONLY** when other forms of eye protection cannot be used. The use of side shields with prescription eyeglasses should **NOT** be used alone as eye protection in other situations. Please note that side shields are suboptimal as compared to other eye protection (e.g., face shields, eye shields, goggles) and should only be worn when other eye protection cannot be worn as above.

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**Table 1: Health Care Personnel PPE Requirements¹
Based on Surgery/Procedure Type and SARS-CoV-2 Test Result**

Type of Surgery/ Procedure	Examples	Pre- Procedure SARS-CoV-2 PCR or Antigen Testing	PPE Requirements During Procedures Performed on Asymptomatic Patients WITHOUT Recent Exposure to COVID-19 or International Travel ² Based on SARS-CoV-2 Test Results		
			Positive, Indeterminate or Pending	Negative	Test Not Performed
Surgeries/procedures that require general anesthesia, deep or moderate sedation		Required	N95, eye protection, gown, gloves	Surgical mask, eye protection ³ , routine PPE appropriate for procedure, +N95 for AGPs	N95, eye protection ³ , gown, gloves
Aerosol-generating procedures (AGPs)	Bronchoscopy, TEE, upper GI endoscopy, procedures of aerodigestive tract with insufflation of air, some dental procedures, tracheostomy placement, sleep studies that may require NIPPV	Required	N95, eye protection, gown, gloves	N95, eye protection ³ , routine PPE appropriate for procedure	N95, eye protection ³ , 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 testing if result would influence decision to delay/perform procedure/test	N95, eye protection, gown, gloves	Surgical mask, eye protection ³ , routine PPE appropriate for procedure, +/-N95	N95, eye protection ³ , gown, gloves
Surgeries/procedures that do NOT generate aerosols and do NOT require general anesthesia or deep or moderate sedation	Skin biopsy, transthoracic echocardiography, imaging tests (e.g., CT, MRI)	Not Required or Recommended	N/A ⁴	N/A ⁴	Surgical mask, eye protection ³ , routine PPE appropriate for procedure, +/- N95 for prolonged close contact if patient unable to wear a mask

¹PPE requirements are the same for all HCP, regardless of COVID-19 vaccination status.

²See [Figure 1/Footnote 1](#) (page 2) to determine if a patient with exposure to COVID-19 or recent international travel requires contact/droplet precautions (N95/surgical mask, gown, gloves, eye protection), based on vaccination status and/or prior history of COVID-19 within previous 3 months.

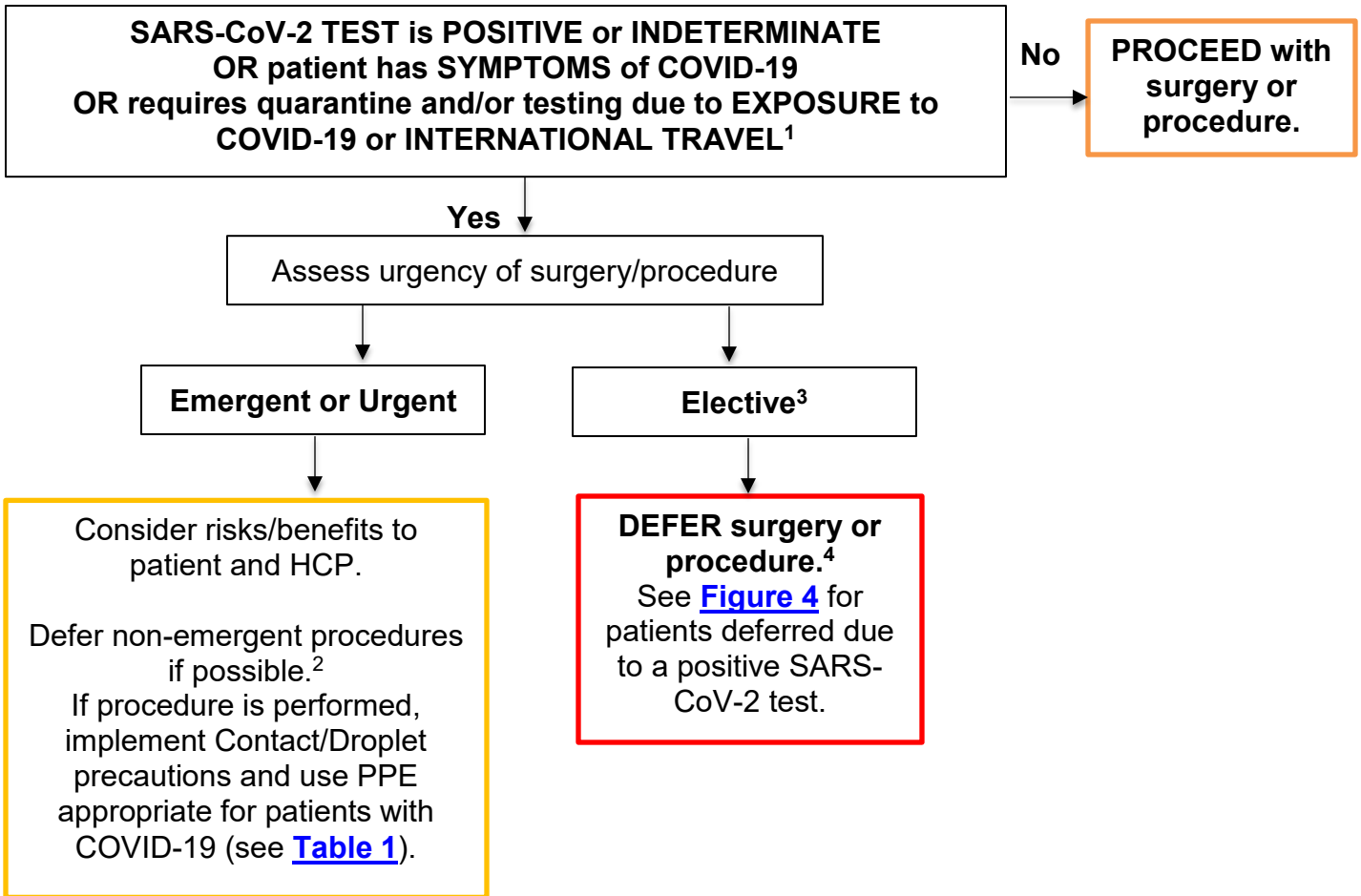
³Exemption for eye protection for HCP who cannot perform their essential work while wearing eye protection (see [Figure 1/Footnote 3](#) (page 2) above for more details).

⁴Although testing is not required, if performed and positive or patient is known to have COVID-19 (e.g., was tested due to symptoms), implement contact/droplet precautions with use of N95 respirator.

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Figure 2: INITIAL POSITIVE SARS-CoV-2 PCR or ANTIGEN TEST OR POSITIVE SCREEN for Symptoms, Exposure, or Travel: Timing of Surgery/Procedure



¹See [Figure 1/Footnote 1](#) on page 2 of this document for more information about requirements after exposure and international travel.

²Deferral is generally recommended for non-emergent surgery/procedures if the patient has had either international travel (if not fully vaccinated) within 10 days OR exposure to COVID-19 within 14 days. See [Figure 1/Footnote 1](#) on page 2.

³Surgeries and procedures related to the diagnosis of cancer (e.g., lumpectomies, biopsies), the treatment of intractable pain, or other diagnostic and treatment services for highly symptomatic patients are NOT considered to be elective.

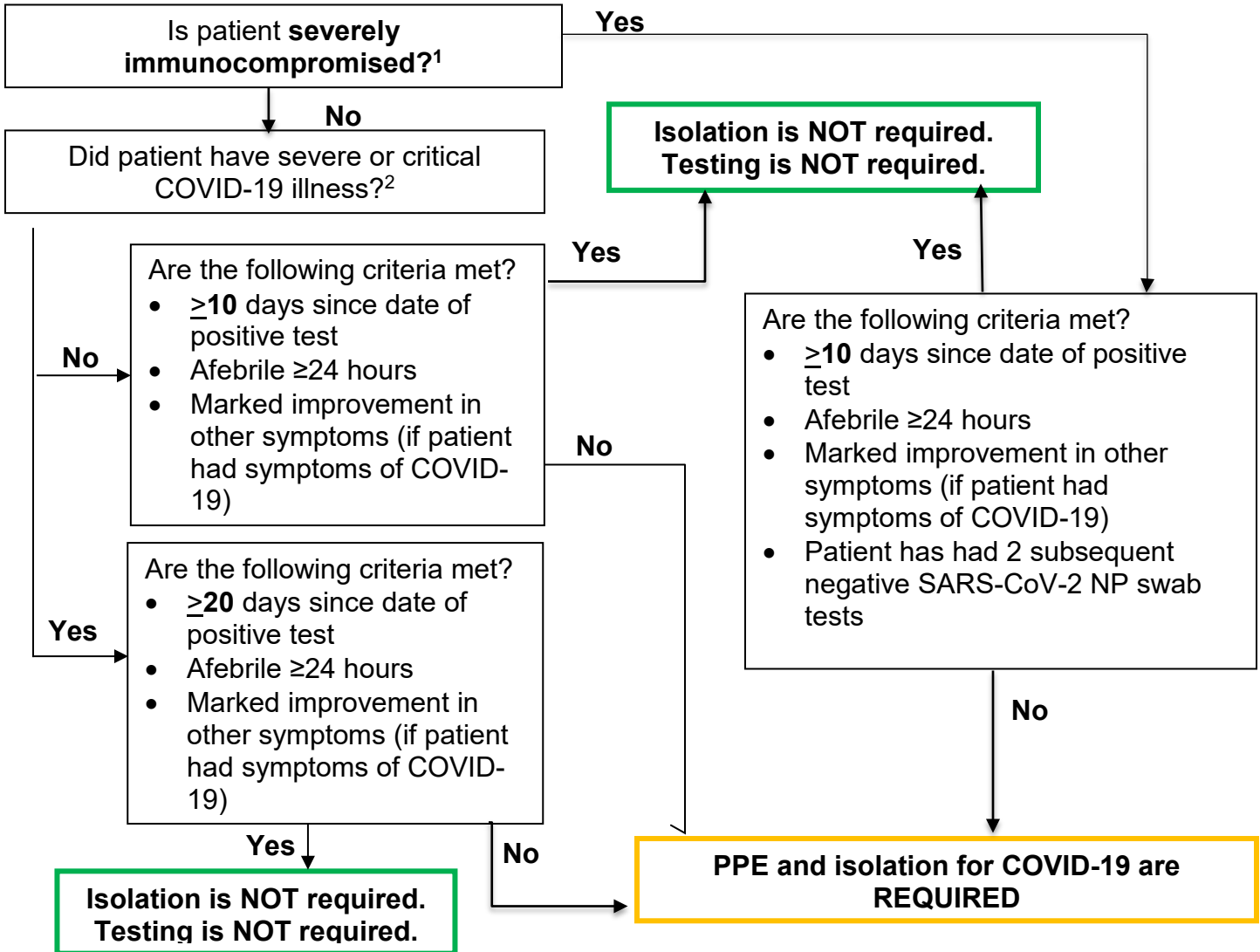
⁴For patients who test positive for SARS-CoV-2, NYSDOH requires deferral of elective procedures until the patient has met criteria for discontinuation of isolation. See [Figure 4](#). For patients with international travel or exposure to COVID-19, please refer to [Figure 1/Footnote 1](#) on page 2 for the duration of deferral.

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Figure 3: EMERGENT AND URGENT SURGERY/PROCEDURES and POSITIVE SARS-CoV-2 PCR or Antigen Test within Previous 3 Months: Scheduling and PPE/Isolation Requirements

Repeat testing of patients with a 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. Routine pre-procedure testing for SARS-CoV-2 should be performed for those with a more remote (i.e., >3 months) history of a positive test for SARS-CoV-2. **See figure below and [Infonet COVID Recovered Calculator](#) to determine whether isolation is required.**



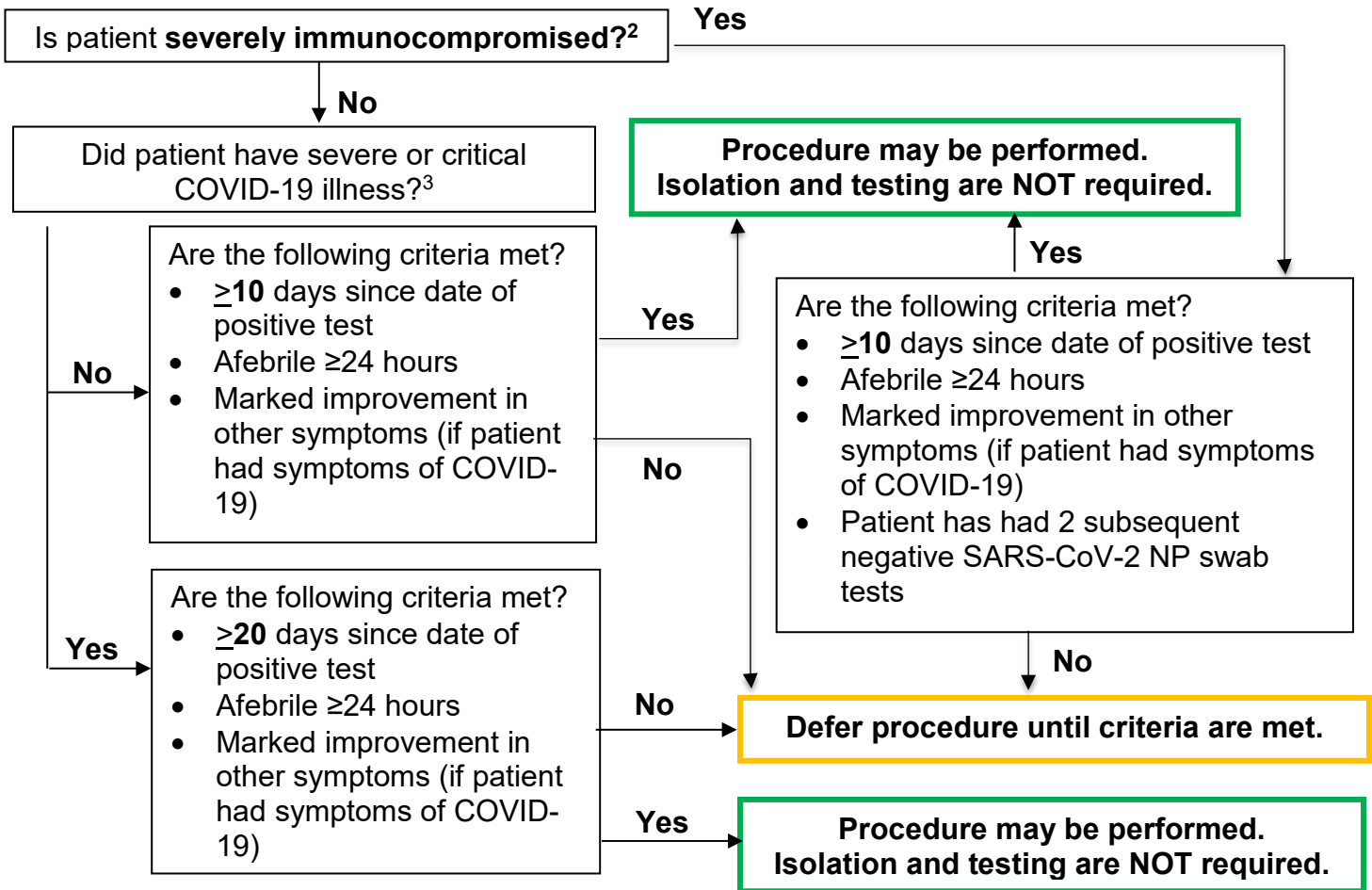
¹**Severely immunocompromised:** bone marrow or solid organ transplant recipient, receipt of cytotoxic chemotherapy for cancer, untreated HIV infection with CD4 count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for >14 days.
²**Severe or critical illness:** SpO2 <94% on room air, respiratory failure, septic shock, and/or multiple organ dysfunction.

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Figure 4: ELECTIVE SURGERY/PROCEDURES¹ and POSITIVE SARS-CoV-2 PCR or Antigen Test within Previous 3 Months: Retesting, Scheduling and PPE/Isolation Requirements

DEFERRAL FOR 21 DAYS IS NO LONGER REQUIRED for patients who test positive for SARS-CoV-2 at the time of pre-procedure testing or within the previous 3 months. ADDITIONALLY, WITH THE EXCEPTION OF SEVERELY IMMUNOCOMPROMISED PATIENTS,² REPEAT TESTING IS ALSO NO LONGER REQUIRED. **Procedures may be scheduled and performed once the patient meets criteria for discontinuation of isolation (see figure below and Infonet [COVID Recovered Calculator](#)).**



¹Surgeries and procedures related to the diagnosis of cancer (e.g., lumpectomies, biopsies), the treatment of intractable pain, or other diagnostic and treatment services for highly symptomatic patients are NOT considered to be elective.

²**Severely immunocompromised:** bone marrow or solid organ transplant recipient, receipt of cytotoxic chemotherapy for cancer, untreated HIV infection with CD4 count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for >14 days.

³**Severe or critical illness:** SpO2 <94% on room air, respiratory failure, septic shock, and/or multiple organ dysfunction.

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