

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

December 16, 2021 (Replaces December 3, 2021 Guidance)

KEY UPDATE

- In order to discontinue isolation for MODERATELY OR SEVERELY IMMUNOCOMPROMISED patients with confirmed COVID-19, TWO NEGATIVE SARS-CoV-2 tests (molecular assays, e.g. PCR) are required. This is a new change (based on changes in CDC guidance) from prior guidelines that only required repeat testing for severely (not moderately) immunocompromised patients. See [TABLE FOOTNOTE 4](#) for a list of conditions and treatments considered to represent a moderately or severely immunocompromised state.**
- For all other patients on isolation for confirmed COVID-19, repeat SARS-CoV-2 testing continues to not be required in order to discontinue isolation ([click here](#) for time and symptom criteria).**

This document provides guidance for (1) initial pre-procedure COVID-19 symptom and risk-factor 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 COVID-19 Screening and Testing Prior to Surgery and Other Procedures

| | | | |
|--|------------------------------|-----------------------------|--|
| 1. SCREEN patient at time of scheduling, prior to pre-procedure testing, and prior to procedure: | | | |
| Symptoms of COVID-19? ³ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Diagnosis of COVID-19 within past 3 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Exposure to COVID-19 within past 14 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| International travel within past 10 days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

If YES to any question in Box 1 or POSITIVE PRE-PROCEDURE SARS-COV-2 TEST, deferral and/or use of enhanced droplet precautions may be indicated. See [Tables 1](#) and [2](#), and [Figure 2](#).

2. TEST for SARS-CoV-2 (**NOTE:** testing for SARS-CoV-2 is NOT required for patients who have recovered from COVID-19 within the previous 3 months.²) See [Table 2](#) for identification of procedures for which testing is required.

- Use a nucleic acid detection test (e.g. PCR) OR an antigen test. *Antibody tests are not acceptable.*
- Perform test on a respiratory specimen (i.e., nasopharynx, oropharynx, nasal, mid-turbinate, saliva).
- Test no more than 5 days prior to procedure date.
- Specimen collection should be performed or, if self-collected, observed by a health provider.**

¹**Fully vaccinated:** ≥2 weeks following receipt of the second dose in a 2-dose series (e.g., Pfizer, Moderna), or ≥2 weeks following receipt of one dose of a single-dose vaccine (e.g. Johnson & Johnson). For individuals vaccinated outside of the US, COVID-19 vaccines that have received a [WHO emergency use listing](#) are acceptable.

²**“COVID-recovered”** refers to patients with laboratory-confirmed COVID-19 (i.e., a positive PCR or antigen test for SARS-CoV-2) within the previous 3 months who have met the definition for discontinuation of

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isolation. See [Figure 2](#) for criteria to discontinue isolation.

³**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.

Requirements for Patients With Symptoms or Diagnosis of COVID-19, Exposure to COVID-19, or Recent International Travel

Although CDC and NYSDOH have eliminated certain testing and community quarantine restrictions after exposure to COVID-19 or international travel based on vaccination status, quarantine is still required for certain patients undergoing procedures or hospitalization at NYP, CU, and WCM facilities. Deferral of elective procedures may also be required. For urgent and emergent procedures, the risks and benefits of deferral should be considered on a case-by-case basis. Personal protective equipment (PPE) appropriate for the procedure and the patient's COVID-19 status must be used for all procedures (see [Table 2](#)).

COVID-RECOVERED¹ PATIENTS, REGARDLESS OF VACCINATION STATUS, DO NOT REQUIRE PRE-PROCEDURE TESTING AND DO NOT REQUIRE ENHANCED DROPLET PRECAUTIONS OR DEFERRAL OF PROCEDURES IN THE SETTING OF EXPOSURE TO COVID-19 OR INTERNATIONAL TRAVEL.

TABLE 1: Requirements for Patients With Symptoms of COVID-19, Positive SARS-CoV-2 Test Within Past 3 Months, Exposure to COVID-19 within 14 days, or International Travel within 10 Days

| Scenario | Vaccination Status ² | Enhanced Droplet Precautions | Duration of Deferral for Elective ³ Procedures |
|---|----------------------------------|---|--|
| Symptoms of COVID-19⁴ | Fully vaccinated or unvaccinated | Required | Defer until COVID-19 infection has been ruled out or patient meets criteria to discontinue isolation for confirmed COVID-19. |
| Positive pre-procedure COVID-19 test or diagnosis of COVID-19 within past 3 months¹ | Fully vaccinated or unvaccinated | Required until patient meets criteria to discontinue isolation (i.e. is "COVID-recovered" ¹). See Figure 2 . | Defer until patient meets criteria to discontinue isolation. (See Figure 2) (For asymptomatic, immunocompetent patients, this is 10 days after date of positive test.) |
| Exposure to COVID-19 | Fully vaccinated or unvaccinated | 14 days after last exposure | Defer for 14 days after last exposure |
| International Travel | Fully Vaccinated | Not required | Defer until negative SARS-CoV-2 testing on or after Day 3 after arrival in U.S. (day of arrival is Day 0) |
| | Unvaccinated | 7 days after arrival to U.S. if test is negative at least 3 days after arrival OR 10 days if not tested | Defer for 7 days after arrival to U.S. IF negative SARS-CoV-2 test at least 3 days after arrival in the U.S. (day of arrival is day 0) OR 10 days after arrival if no SARS-CoV-2 test performed after arrival |

¹"COVID-recovered" refers to patients with laboratory-confirmed COVID-19 (i.e., a positive PCR or antigen test for SARS-CoV-2) within the previous 3 months who meet the criteria to discontinue isolation (See [Figure 2](#)).

²**Fully vaccinated:** ≥ 2 weeks following receipt of the second dose in a 2-dose series (e.g., Pfizer, Moderna), or ≥ 2 weeks following receipt of one dose of a single-dose vaccine (e.g. Johnson & Johnson). **"Unvaccinated"** refers to anyone who does not meet the definition of fully vaccinated.

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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.

⁴**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.

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**Table 2: PPE Requirements for Health Care Personnel, Regardless of COVID-19 Vaccination Status,¹
Based on Surgery/Procedure Type and SARS-CoV-2 Test Result**

| Type of Surgery/ Procedure | Examples | Pre-Procedure SARS-CoV-2 Testing Requirements | PPE Requirements ¹ for Asymptomatic Patients WITHOUT Recent Exposure to COVID-19 or International Travel ² Based on SARS-CoV-2 Test Results | |
|---|---|---|--|--|
| | | | Positive, Indeterminate or Pending | Negative or Not Required |
| Surgeries/procedures that require general anesthesia, deep or moderate sedation | | Required for all patients EXCEPT “COVID-recovered” within past 3 months. See Figure 1. | N95 ³ , eye protection, gown, gloves | Well-fitting surgical mask (or N95), eye protection ⁴ , routine PPE appropriate for procedure |
| Aerosol-generating procedures (AGPs) | Intubation Extubation Tracheostomy Bronchoscopy Upper GI endoscopy Aerodigestive tract procedures with insufflation of air TEE Tracheostomy Some dental procedures Sleep studies that may require NIPPV | Required for all patients EXCEPT “COVID-recovered” within past 3 months. See Figure 1. | N95 ³ , eye protection, gown, gloves | N95 ³ , eye protection ⁴ , routine PPE appropriate for procedure |
| 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) | Not Required. Consider testing if result would influence decision to perform test AND patient not COVID-recovered within past 3 months. | N95 ³ , eye protection, gown, gloves | Well-fitting surgical mask (or N95), eye protection ⁴ , routine PPE appropriate for procedure |
| 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 ⁵ | Well-fitting surgical mask (or N95), eye protection ⁴ , routine PPE appropriate for procedure, |

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

²See [Table 1](#) to determine if a patient with exposure to COVID-19 or recent international travel requires use of enhanced droplet precautions.

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³In procedure rooms with ≥ 12 air exchanges per hour, **for patients with suspected or confirmed COVID-19, N95 respirators must be worn for 30 minutes AFTER an AGP is completed** to allow sufficient air exchanges to remove >99% of airborne particulates. **For patients WITHOUT suspected or confirmed COVID-19, N95 respirators must be worn DURING the AGP** but may be removed once the AGP is completed.

⁴An exception is made when the HCP's essential work cannot be done while wearing eye protection (e.g., a use of an operating microscope or eye protection interfering with visualization). **Specialty eyewear (e.g., loupes mounted on safety glasses) is ONLY considered to be 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 to provide additional coverage of the sides of the eyes when other forms of eye protection cannot be used. 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.

⁵Although testing is not required, if performed and positive, implement enhanced droplet precautions with use of N95 respirator.

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Figure 2: Scheduling Surgeries/Procedures and PPE/Isolation Requirements for Patients with a POSITIVE SARS-CoV-2 PCR or Antigen Test Within Previous 3 Months

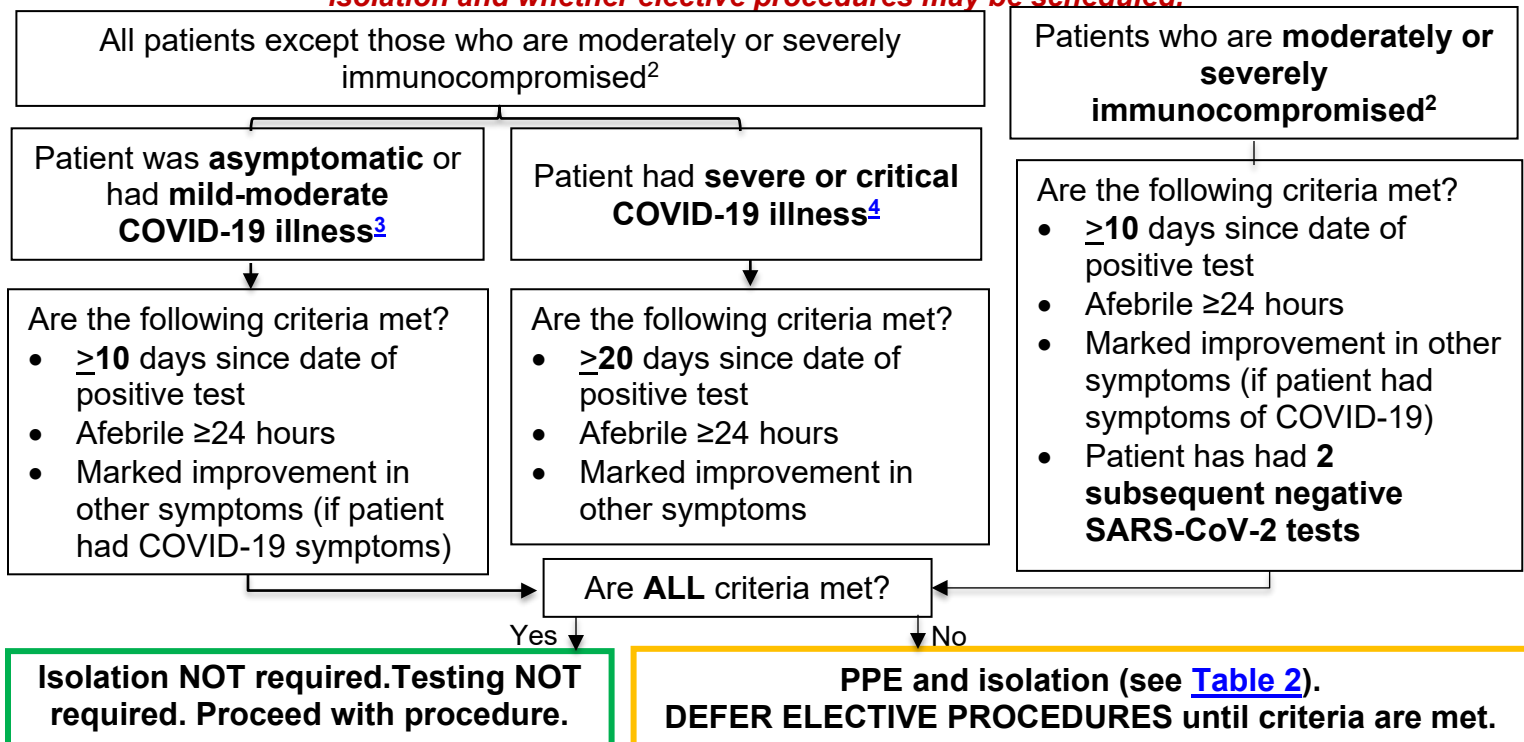
EMERGENT or URGENT surgeries/procedures

- Repeat testing is NOT required.
- Timing of the procedure should be based on clinical need. When feasible, consider deferring procedure for ≥ 10 days after symptom onset or first positive test (if asymptomatic).
- If procedure is performed while patient still requires isolation precautions, use appropriate PPE (see [Table 2](#)).

ELECTIVE surgeries/procedures¹

- With the exception of moderately or severely immunocompromised patients,² repeat testing is not required.
- Procedures may be performed once the patient meets criteria for discontinuation of isolation (see Figure).

SEE FIGURE BELOW AND INFONET COVID RECOVERED CALCULATOR to determine the need for isolation and whether elective procedures may be scheduled.



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

²**Moderately to severely immunocompromised:** active treatment for solid tumor and hematologic malignancies; receipt of solid organ transplant and taking immunosuppressive therapy; receipt of CAR-T-cell therapy or hematopoietic cell transplant (within 2 years of transplantation or taking immunosuppression); moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome); advanced or untreated HIV infection (CD4 T lymphocyte count $< 200/\text{mm}^3$, history of AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV); active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day when administered for ≥ 2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

³**Mild-moderate illness:** symptomatic upper or lower respiratory tract disease with $\text{SpO}_2 \geq 94\%$ on room air (i.e. did not require oxygen supplementation)

⁴**Severe or critical illness:** $\text{SpO}_2 < 94\%$ on room air, respiratory failure, septic shock, and/or multiple organ dysfunction.

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