BJC GUIDANCE: COVID TESTING PRE-PROCEDURE & PROCEDURAL PPE

REVISED 10/20/2022: Recommendations for Pre-Procedure COVID-19 Testing & Procedural Personal Protective Equipment (PPE)

BJC guidance is updated as follows:
- Preprocedural testing of asymptomatic patients is only recommended before procedures where the clinical impact of unrecognized COVID-19 infection on the patient’s clinical course would be expected to be significant, e.g. transplant surgery.
  o For those few cases with preprocedural testing still indicated, testing is not related to vaccination status, and should follow the same process/procedures as prior
- OR teams are expected to wear masks and eye protection for all procedures as per standard precautions. Respirators are available for any procedure.
  o During periods of high COVID19 community transmission risk, consider universal respirator use during high-risk procedures
- Screening for symptoms and recent exposure is still recommended, with testing, and when possible, deferral, of symptomatic patients.
- This document does not address or recommend any changes to other current testing programs such as for semi-private room placement, employee testing, etc.

Updated Context

This guidance is tied to:
1) Our understanding of disease transmission in healthcare settings
2) Patients’ symptoms and exposure histories
3) Current local community transmission rates
4) Availability of appropriate PPE, and expectations of standard precautions
5) Increased population and HCP immunity through vaccination and infection
6) CDC guidance

CDC recently updated Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic. Guidance was updated in several ways that impact recommendations for pre-procedural COVID-19 testing including
- removing consideration of vaccination status in testing recommendations
- leaving preprocedural testing decisions at the discretion of the facility or healthcare system
- when community transmission rates are high, consider universal use of respirators for surgical procedures that might pose a higher risk of transmission if the patient has COVID19 (e.g., aerosol generating or involving nose/throat/oropharynx/respiratory tract)
Revised COVID-19 Pre-Procedure Testing and PPE Guidance

Asymptomatic patients are not required to have preprocedural testing in either Missouri or Illinois.

Procedures with higher risk for COVID-19 transmission can be managed without routine pre-procedural testing of asymptomatic patients; staff may wear respirators with their eye protection for those procedures when community transmission rates are high. These procedures include:

- Procedures involving intubation, extubation, general anesthesia, prolonged manual ventilation
- Procedures on the naso-oro-pharynx, including dentistry, laryngoscopy, endoscopy
- Procedures on the respiratory tract (airways, lungs), including bronchoscopy
- Transesophageal echo (TEE)

The decision to wear respirators is left to the discretion of the attending clinician and team for other procedures, where there is potential for aerosol generation, or other circumstances of concern. These include Interventional Radiology, Obstetrics, and Ophthalmology.

Note on procedures necessitating use of smoke evacuation devices:
A research study ([https://www.nature.com/articles/s41586-020-2196-x](https://www.nature.com/articles/s41586-020-2196-x)) did not find evidence of viable viral particles outside of the respiratory tract nor in serum. Thus, using electrocautery on tissues not considered infected with virus, such as muscle tissue, represents no known risk. While some professional organizations identify smoke as a risk for transmission, this might not be the case. However, even in the absence of COVID-19, smoke generation can represent an environmental hazard independently warranting the use of N95 respirators and eye protection.
APPENDIX: If Testing Is Warranted

Considerations for Pre-Procedure COVID-19 Testing, *If Warranted*

- Providers should consider using telemedicine for pre-procedure visits. Phone-based or other virtual/remote screening of patients for COVID-19 symptoms or exposures should be performed consistently several days ahead of surgery.
- For the purposes of this BJC/WUSM guidance, when testing is judged warranted, pre-procedural COVID-19 PCR or lab-performed Antigen tests (where available) are acceptable, but home antigen tests, antibody or serology tests are not. PCR based testing should still be used for all symptomatic patients; lab-performed antigen testing may be used for asymptomatic preprocedural screening.
- Preprocedural testing should be accomplished within 4 days prior to the procedure, unless there are extenuating circumstances.
- Patients should be handled through outpatient test centers and processes whenever possible.
- Following testing, patients should be instructed to ideally mask and self-quarantine to the maximum possible extent prior to their procedure, to avoid close contact with people other than immediate household members, and to notify their medical provider immediately if they have close contact with someone with COVID-19 or develop any symptoms.
- Patients should also be clinically screened for symptoms and known exposure history on presentation on the day of the procedure. An oral temperature ≤ 100.4 °F is recommended to proceed with a non-emergent procedure.

Additional Screening and Testing Process Comments, *If Testing is Warranted*

Home performed rapid antigen test results are not sufficiently reliable to be used for determining appropriate isolation status and PPE use in the hospital. While a symptomatic patient with a positive home antigen test likely has COVID, confirmatory testing is needed before considering cohorting them with another COVID + patient or marking them “COVID recovered”. **Because a patient with a recent positive home antigen test may have a positive PCR test for several weeks, providers may wish to inform patients while planning for their surgery that if they develop COVID symptoms and have a positive home antigen test, they should pursue a lab-performed antigen or PCR test at that time to avoid later delays of their procedure, if their pre-procedural PCR test is later still positive from that infection. A prompt lab-performed test at the time of their illness will allow them to be documented as COVID recovered sooner.**

As noted, even for a patient/procedure where testing is judged warranted, timing could preclude testing, or the patient could refuse testing.

- If the patient is **symptomatic, or their status is unknown**, they are best handled as a COVID-19 PUI. If they are not handled as a PUI, the medical record should reflect the reasoning for this.
- If the patient is **asymptomatic** with a negative screen, precautions should be determined by the attending clinician and multidisciplinary team, based on a thorough assessment, and in the context of prevailing local epidemiology and recommended guidance above. In all instances, the attending clinician(s) and multidisciplinary team should work collaboratively on the care plan and follow standard and transmission-based precautions relevant to the patient and case.
Discontinuation of precautions - For patients who have been previously identified as COVID-19 positive, the issue of discontinuation of precautions is addressed in additional sources:


For inpatients who during their admission have tested negative, and for whom NO new or worsening symptoms have developed, repeat testing is not warranted. (See BJC ICC Guidance “Retesting Patients During an Inpatient Stay”, 5/14/20).

The table “Rescheduling Postponed Procedures” reinforces guidance on the issue of re-testing, which is not generally recommended nor necessary.
Rescheduling Postponed Procedures: Table

<table>
<thead>
<tr>
<th>Patient type</th>
<th>When to reschedule surgery***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic COVID + outpatients</td>
<td>• Surgery may be scheduled starting day 11 after + COVID test. If immunocompromised, consider extending to 20 days. Repeat testing not needed.</td>
</tr>
<tr>
<td>Symptomatic COVID + outpatients</td>
<td>• Surgery may be scheduled starting day 11 after + COVID test. If case was more severe [ie, required O2], persistent fever, immunocompromised, consider extending to 20 days and until symptomatically improved. Depending on severity of illness &amp; surgical urgency, even longer delay may be appropriate. Repeat testing not needed.</td>
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| Symptomatic or recently exposed outpatients, not COVID tested. | • These procedures can be delayed without COVID testing. Wait until at least 10 days have passed since symptom onset or at least 10 days have passed since exposure, and patient has re-screened negative. At this point the patient can undergo preprocedural COVID testing if indicated and proceed with scheduling.  
• Consider COVID testing to confirm diagnosis for symptomatic patients at the time of illness if they will require preprocedural testing, but regardless of result, do not proceed with non-emergent surgeries for symptomatic patients. If patient has + lab-performed COVID test at that time, retesting before procedure is not indicated. (See reminders p.5)  |
| COVID + inpatients, now discharged | • Surgery may be scheduled starting day 11 after COVID hospitalization discharge (if need for earlier surgery and patient meets criteria for isolation discontinuation*, contact infection prevention to have “COVID19+” flag changed to “COVID:Recovered”). Repeat testing not needed.  
• Depending on severity of illness & surgical urgency, even longer delay may be appropriate. Repeat testing not needed. |

* Patient must be afebrile x 24 hours without use of antipyretics and improvement in symptoms AND >10 days have passed since symptom onset; extend to 20 days for severely immunocompromised or if requiring supplemental O2.  
**If a patient states they have had a COVID positive home test, but no other lab-based testing, patient is still required to have a lab-performed test prior to their procedure. Procedure should be deferred from the date of the follow-up test if positive. If patient requires emergent procedure, current COVID-19 precautions should be followed.  
*** An additional 10 day delay may be considered for pediatric cases to account for the patient’s or parent’s 10 day quarantine period following exposure to a positive case in the household.