VAPAHCS COVID-19 Testing Guidelines for Pre-operative and Invasive Procedure Management: April 10, 2020

Patient	Procedure	**Emergent (needs to be done within hours)**	**Urgent (needs to be done within 14 days)[2]**	**Urgent (can be delayed ≥14d)[2]**	**PPE Recommendations** [Note: Intubation always with minimum airborne precautions]	**Dispo Post-Op**
High risk	**High risk**	No Test (Presume COVID+)[1]	**Test** (COVID[3] & RPP; test 24-72 hrs prior to scheduled surgery)	If exposed and asymptomatic, postpone to end of 14d incubation period, then reclassify as "Low risk" Patient if asymptomatic	COVID precautions throughout	COVID(+): COVID unit No Test: PUI service/ward COVID(-): Case by case; call ID/IC for guidance
High risk	**Low risk**	No Test (Presume COVID+)[1]	**Test** (COVID[3] & RPP; test 24-72 hours prior to scheduled surgery)	n/a	COVID+: COVID precautions throughout COVID-/RPP+: SOP after intubation COVID-/RPP-: Call ID/IC for guidance	COVID(+): COVID unit No test: PUI service/ward COVID(-): Case by case; call ID/IC for guidance
Low risk	**High risk**	**Test** (COVID Cepheid)	**Test** (COVID) [3]	n/a	COVID precautions throughout	COVID(+): COVID unit COVID(-) or no test: Non-COVID unit
Low risk	**Low risk**	No Test	No Test	n/a	SOP after intubation	Non-COVID unit

PPE = Personal Protective Equipment; RPP = respiratory PCR panel (lab will substitute Cepheid Flu/RSV PCR if unavailable); SOP = standard operating procedure; PUI = Person Under Investigation

1. "Presume COVID+": Means all precautions applicable to suspected/confirmed COVID+ cases must be taken: airborne (N95), droplet, and contact. Droplet precautions include eye protection (goggles or face shield) - eyeglasses, including magnifying glasses, are *not* sufficient for protection. *Intubation/extubation and other high-risk procedures always require minimum of airborne/contact/droplet PPE.*

2. For urgent and non-urgent cases, careful COVID-19 symptom/risk screening should be performed at time of surgery *in addition to* initial pre-operative assessment, as clinical changes may result in patient re-classification based on symptoms or risk

3. COVID test performed: For all non-emergent procedures for which testing is indicated, test will be with Abbott SARS-CoV-2; exceptions for which Cepheid test may be approved are patients traveling from non-VAPAHCS facilities that require rapid screening prior to surgery/lodging.

VAPAHCS COVID-19 Testing Guidelines for Pre-operative and Invasive Procedure Management: NOTES

***All preoperative and invasive procedure patients MUST be interviewed to undergo careful COVID-19 screening**, to evaluate for:*

- *Symptoms of COVID-19 (including but not limited to: new cough, shortness of breath, fever in the past 7 days, and/or other viral symptoms such as new malaise, myalgias, sore throat) AND*
- *Exposure to a confirmed/suspected COVID-19+ case (including any close/household contact who has been in the sick with a viral illness in the past 14 days)*

The timing and personnel responsible for this screening will be designated by the procedural teams per their protocols (e.g. performed by anesthesia on routine pre-operative evaluation, or surgical provider if no pre-operative evaluation performed within required timeframe)

1. **Types of Testing Available:**
    a. COVID-19 PANEL (VAPAHCS-ABBOTT): Standard test available through COVID-19 quick-orders
        - Turnaround time: 24-48 hours, usually 24h, performed M-Sat (as of 4.10.20; availability may increase)
    b. Cepheid Xpress SARS-CoV-2 PCR: Limited availability. Orderable per approval of Drs. Yeung, Neff, or Jensen only (via phone/pager)
        - Turnaround time: 1 hour, performed 6am-12am M-Sat
2. **Definitions:**
    a. **High Risk patient:** Patients with suspected/possible active COVID-19 infection. *Important to do symptom/risk screen on all pre-op patients. Not all patients with "fever" are "PUI" (e.g. fever from likely/definite alternative etiology).*
        1. Symptomatic "Person Under Investigation"(PUI): See VAPAHCS PUI Definition and Testing criteria —OR—
        2. Known exposure to COVID-19+ individual within past 14 days
    b. **High Risk Procedure:** Procedures resulting in a high risk of aerosolization from the upper airways
        1. Bronchoscopy, laryngoscopy, and tracheostomy
        2. Head & Neck (ENT and Dental) mucosal surgeries, including any using cautery/laser/drill/saw use within airway/oral cavity
        3. GI upper endoscopy, transesophageal echocardiogram
        4. Certain thoracic surgeries (those surgeries requiring lung isolation, tracheal resection/tracheostomy, pulmonary resection)

        High-risk procedures and Intubation always require team members to use minimum full airborne/contact/droplet PPE.
    c. **Low Risk Procedure:** Procedures known/suspected to be associated with a low or negligible risk of infection transmission
        1. Include procedures not "High Risk" e.g. cardiac cath, other thoracic surgeries, non-mucosal head/neck procedures
        2. Universal precautions and risk reduction measures should be taken; minimize personnel in the OR, including during intubation

References:

1. Givi B, et al. Safety Recommendations for Evaluation and Surgery of the Head and Neck During the COVID-19 Pandemic. *JAMA Otolaryngol Head Neck Surg.* March 31, 2020
2. CDC Interim Guidance for Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings. April 9, 2020.
3. American College of Surgeons: COVID-19: Considerations for Optimum Surgeon Protection Before, During, and After Operation. Updated April 1, 2020.
4. ASA/APSF/AAAA/AANA Statement: The Use of Personal Protective Equipment by Anesthesia Professionals during the COVID-19 Pandemic. March 22, 2020.