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

<table>
<thead>
<tr>
<th>Patient</th>
<th>Procedure</th>
<th>Emergent (needs to be done within hours)</th>
<th>Urgent (needs to be done within 14 days)²</th>
<th>Urgent (can be delayed ≥14d)²</th>
<th>PPE Recommendations [Note: Intubation always with minimum airborne precautions]</th>
<th>Dispo Post-Op</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk</td>
<td>High risk</td>
<td>No Test (Presume COVID+)¹</td>
<td>Test (COVID³ &amp; RPP; test 24-72 hrs prior to scheduled surgery)</td>
<td>If exposed and asymptomatic, postpone to end of 14d incubation period, then reclassify as “Low risk” Patient if asymptomatic</td>
<td>COVID precautions throughout</td>
<td>COVID(+): COVID unit&lt;br&gt;No Test: PUI service/ward&lt;br&gt;COVID(-): Case by case; call ID/IC for guidance</td>
</tr>
<tr>
<td>High risk</td>
<td>Low risk</td>
<td>No Test (Presume COVID+)¹</td>
<td>Test (COVID³ &amp; RPP; test 24-72 hours prior to scheduled surgery)</td>
<td>n/a</td>
<td>COVID+: COVID precautions throughout&lt;br&gt;COVID-/RPP+: SOP after intubation&lt;br&gt;COVID-/RPP-: Call ID/IC for guidance</td>
<td>COVID(+): COVID unit&lt;br&gt;No test: PUI service/ward&lt;br&gt;COVID(-): Case by case; call ID/IC for guidance</td>
</tr>
<tr>
<td>Low risk</td>
<td>High risk</td>
<td>Test (COVID Cepheid)</td>
<td>Test (COVID)³</td>
<td>n/a</td>
<td>COVID precautions throughout</td>
<td>COVID(+): COVID unit&lt;br&gt;COVID(-) or no test: Non-COVID unit</td>
</tr>
<tr>
<td>Low risk</td>
<td>Low risk</td>
<td>No Test</td>
<td>No Test</td>
<td>n/a</td>
<td>SOP after intubation</td>
<td>Non-COVID unit</td>
</tr>
</tbody>
</table>

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:
      - 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).*
      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: