

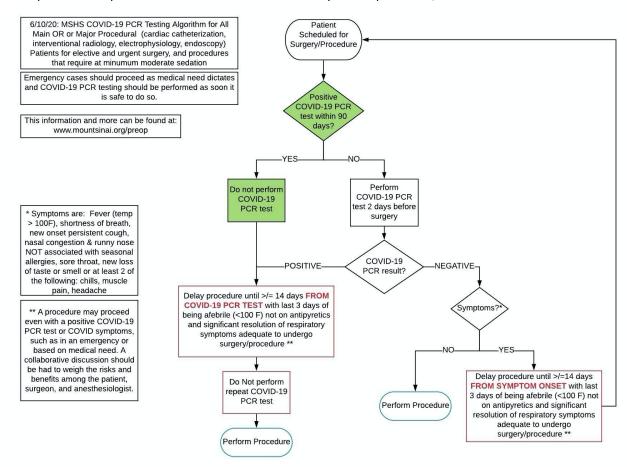
Preprocedure COVID-19 PCR Testing Guideline FAQs Version 6.10.20

Do office procedures need testing?

- Procedures in the main OR, major procedural areas (interventional/procedural radiology, cardiac catheterization lab, endoscopy, electrophysiology), and procedures that require at minimum moderate sedation, need testing. Office procedures that do not meet these criteria do not require COVID-19 PCR testing.
- Note: locations such as pediatric MRI and dental clinical that are performing procedures that fall under the "at minimum moderate sedation" qualification would need COVID-19 PCR testing.
- Note: Venous procedures are COVID-19 PCR tested for risk of thrombogenicity (including in the
 office).

If a patient has a positive COVID-19 PCR test, do I need to retest?

If the patient has a positive COVID-19 PCR test within 90 days of the procedure, do not retest.





When do I perform a COVID-19 PCR test for an emergency case?

- In rare situations where a COVID-19 PCR test cannot be performed before the procedure, such as in an emergency, send the test as soon as it is safe to do so. This may be in the operating room (consider a rapid test), the recovery area, or an inpatient unit. Recover the patient in the recovery unit as a PUI. If the patient is being discharged home after an emergency (e.g. ruptured ectopic) and a test hasn't been performed; if asymptomatic, do not test; if symptomatic, send for outpatient testing or treatment.

How does antibody testing factor into the COVID-19 PCR testing algorithm?

At this time antibody testing has not been incorporated into the COVID-19 PCR algorithm because:

- Different antibody tests have varying sensitivities and specificities. We are learning which ones perform at a level of reliability that meets our standards.
- The issue is rapidly evolving and the knowledge we currently have does not justify its formal incorporation into the process.
- At this time, public health officials do not recommend routine antibody testing in the setting of preprocedure preparation.

If the patient undergoes antibody testing through the Mount Sinai Hospital laboratory and has detectable antibodies against SARS CoV-2, they may be immune from future infection. The surgical team should consult with the local Infection Prevention department to determine if the patient can undergo the procedure before the mandatory 14-day waiting period even if the COVID-19 PCR test is still positive.

What do I do if I have an inpatient who was COVID-19 PCR negative, but then gets retested before a procedure and the new test is positive?

Isolate the patient, initiate special/droplet/contact precautions, and notify your local infection prevention team to develop a collaborative plan about how to proceed.