Title: BILH COVID-19 Pre-procedure Evaluation PPE in the Setting of Non-OR Procedures

Purpose: To outline the care of patients during non-operative procedures in the setting of COVID-19 in the community, including assessment of risk, use of personal protective equipment (PPE) and pre-procedural testing for select procedures.

Guideline Statement: This guidance outlines evaluation for all procedures performed outside of the operating room as well as additional PPE for procedures that are considered higher risk for transmission of SARS-CoV-2, the virus that causes COVID-19, due to either contact with the airway/respiratory mucosa, risk of aerosolization, or risk of cardiac arrest. Testing is recommended for these high-risk procedures to assist with clinical decision-making.

Guideline(s) for Implementation:

1. Limit staff to essential personnel only

2. All patients should be screened for symptoms 48 hours prior to procedure including:
   a. Fever ≥100.4 or feverishness
   b. Chills
   c. Body aches
   d. Cough
   e. New onset shortness of breath, or change from baseline
   f. Sore throat
   g. New onset diarrhea, or change from baseline
   h. Loss of smell or taste

3. Known COVID-positive patient
   a. Not yet meeting Discontinuation of Isolation for COVID-19
      i. No repeat COVID-19 PCR needed
      ii. Procedure should be performed under Droplet precautions with eye protection plus Contact precautions with the addition of an N95 respirator if aerosol-generating procedure is performed, for all staff in the room
      iii. Post-procedure, if admitted, place the patient in a room under Droplet precautions with eye protection plus Contact precautions
   b. Meets Discontinuation of Isolation for COVID-19 and within 90 days of first positive COVID-19 test
      i. If asymptomatic, no further COVID-19 PCR test needed
      ii. Perform procedure under Droplet precautions with eye protection with routine surgical attire for all staff
      iii. Admit to a room under Droplet precautions with eye protection
   c. If patient is more than 90 days from a prior positive COVID-19 test, revert to baseline evaluation with testing as indicated by either symptoms or high-risk procedure (See Sections 4 and 5 below)

4. Symptomatic patients and patients in whom a history cannot be obtained
   a. Send COVID-19 PCR
      i. For inpatients, optimally obtain one COVID-19 PCR test pre-procedure, and repeat after 12 hours if first test is negative
      ii. For outpatients, one COVID-19 PCR test should be obtained optimally 48-72 hours prior to procedure. (Individual providers may accept up to 96 hours to cover long weekends.)
      iii. If test is pending and procedure is urgent, proceed per provider judgment to determine workflow without waiting for result
   b. Procedure should be performed under Droplet precautions with eye protection plus Contact precautions with the addition of N95 respirator if aerosol-generating procedure is performed
   c. Post-procedure, if admitted and
      i. COVID-Positive or Suspect, place the patient in a room under Droplet Precautions with eye protection plus Contact precautions
      ii. COVID-Negative and no suspicion of COVID-19, place the patient in a room under Droplet precautions with eye protection
5. **Asymptomatic patients**
   a. Stratify procedure risk for COVID-19. The following procedures are deemed **high risk** due to contact with the airway/respiratory mucosa or the risk of urgent complication during the procedure (cardiac arrest, respiratory decompensation, pneumothorax):
      i. **GI procedures**
         1. Upper endoscopy
         2. Endoscopic Retrograde Cholangiopancreatography (ERCP)
         3. Endoscopic Ultrasound (EUS)
         4. Colonoscopy*
      ii. **Cardiac procedures**
         1. Transesophageal echocardiogram (TEE)
         2. Pacemaker placement*
         3. Cardiac catheterization*
      iii. **Pulmonary procedures performed outside of the OR**
         1. Interventional pulmonary (IP) procedures
         2. Bronchoscopy
      iv. Electroconvulsive therapy (ECT)**
      v. Therapeutic ENT procedures***
      vi. Voice Speech and Swallow scope and singing procedures
   b. **For high risk non-operative procedures** (as defined above in 5a.i-vi)
      i. Send COVID-19 PCR
         1. For inpatients and outpatients, **one** COVID-19 PCR test should be obtained 48-72 hours prior to procedure.
         2. For positive test results, procedure should be performed at provider discretion. If procedure is deferred, refer to **BILH Guidance for Patients with COVID-19: Discontinuation of Isolation**
      ii. All procedures, regardless of test result, are performed under Droplet precautions plus an N95 respirator and Contact precautions for all staff in room
      iii. Post-procedure, if admitted:
         1. Patients with positive test result, should be admitted to a room under Droplet precautions with eye protection and Contact precautions
         2. Patients with negative test result should be admitted to a room under Droplet precautions with eye protection
   c. **For all other procedures in asymptomatic patients:**
      i. No COVID-19 PCR testing necessary
      ii. Procedures should be performed under Droplet precautions with eye protection
      iii. As a reminder, any procedure performed under general anesthesia is an aerosol-generating procedures (due to intubation/extubation) and requires the addition of an N95 respirator and Contact precautions for all staff in the room

6. **Post-procedure wait times**
   a. **COVID-Positive or COVID-Suspect** patients undergoing aerosol-generating procedures: Room should remain empty for 15-30 minutes post-procedure depending on **air changes/hour** (Contact institutional Infection Control with any questions)
   b. For all other patients and circumstances: **No** wait time is required post-procedure

**Notes:**
*While some high-risk procedures were included based upon contact with the airway or respiratory mucosa, other lower risk procedures were included to accommodate society guidelines. In these lower risk cases, N95 respirator may be used, if available.
**Repeat testing not required in asymptomatic patients but may be performed per discretion of Psychiatry
***Repeat testing not required in patients undergoing in-office ENT procedures with stable symptoms and a negative test prior to initial procedure

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