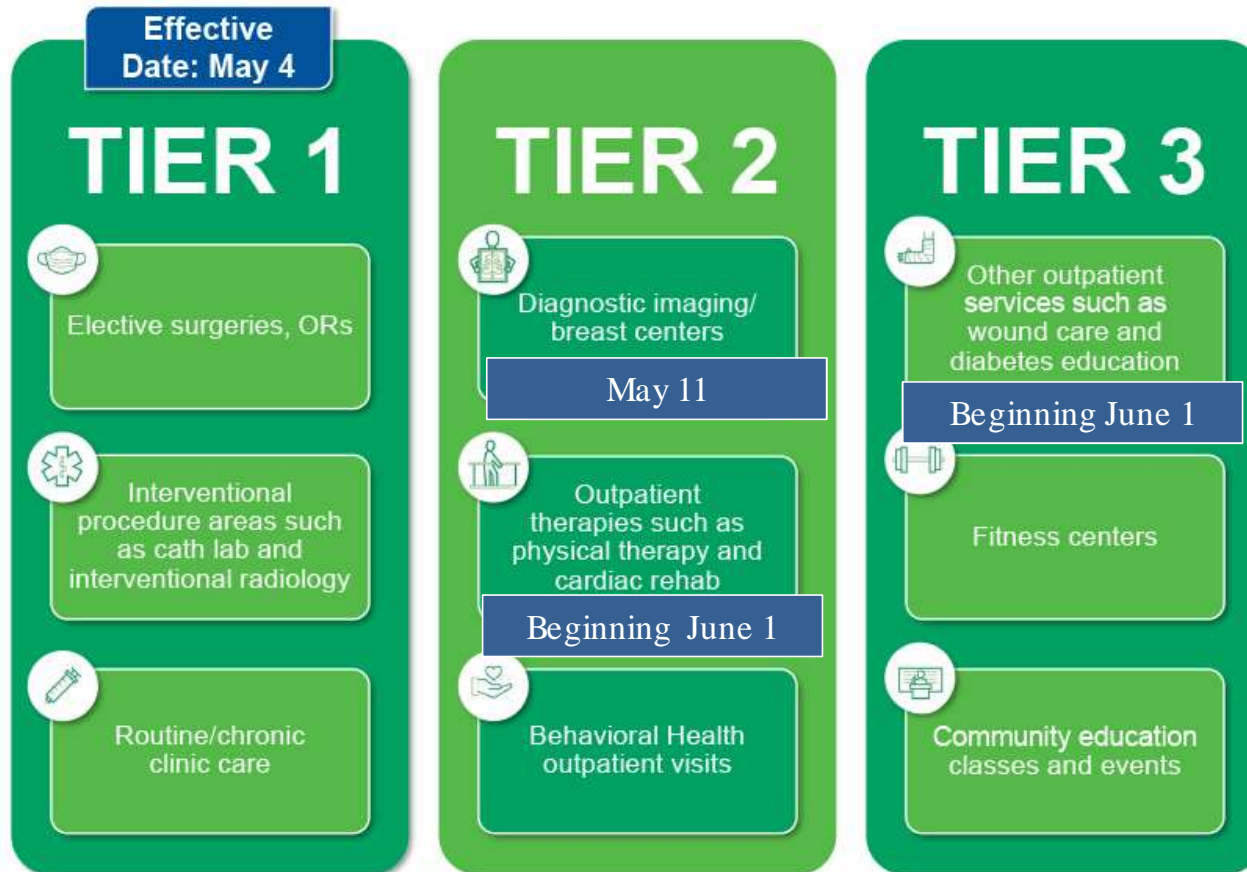


Resumption of Non-Urgent Care Information on Procedures, Services and Testing

Update: May 28, 2020

- Guidance on procedures and services requiring a COVID test

Resuming Non-Urgent Procedures: Phased Approach



Resuming Procedures: What Can Be Scheduled?

- New executive order (GA-19) relaxes the prior state regulatory restrictions.
- Any procedure that is part of an active treatment plan, diagnostic work-up, or screening care can be scheduled, provided that:
 - The hospital has capacity to conduct the procedure safely under currently recommended COVID-19 clinical processes, and
 - The impending procedure does not preclude the ability to perform higher-acuity cases.
- In general, for a non-urgent procedure to be conducted at a THR wholly-owned hospital, COVID-19 testing 2-3 days in advance of the procedure is required if:
 - The procedure is or can be expected to be aerosol generating
 - The procedure requires intubation or deep sedation.

A Number of Procedures and Services Do Not Require COVID-19 Testing

- Many routine procedures performed as part of active treatment plans or diagnostic work-ups are low-risk for aerosol generation and relatively less invasive (e.g. diagnostic radiology, peripheral needle biopsies, procedures only requiring a local anesthetic or light sedation).
- We do not currently have the capacity to test every patient seeking non-COVID care.
- Accordingly, it is recognized that there is a “low-risk” category of procedures (in terms of exposure and the procedure complexity) where a COVID-19 test would not be required. These procedures can be conducted if facilities have capacity.
- Most Tier 2 procedures and services are low-risk, and accordingly, COVID testing in asymptomatic patients is not required. Cardiac and pulmonary rehabilitation is a notable exception to this general rule, and one-time testing is required prior to initiation of a therapy course given what is known about the pathophysiology of the virus on cardiovascular and respiratory organ systems.
- For this low-risk category, a virtual screen (symptoms, ill contacts) should still be performed 2-3 days in advance of the procedure, as well as a clinical screen (including a temperature check) on the day of procedure.
- Universal masking, standard PPE recommendations (for non-COVID patients) and procedural visitor policy should be all applied for patients and staff during low-risk procedures.

What Elective Procedures/Services Require COVID Testing?

- Any procedure requiring intubation
- Any procedure requiring deep sedation or MAC
- GI Endoscopy
- Bronchoscopy
- Pulmonary Function tests
- Lung V/Q scan (aerosol generating)
- Invasive cardiac procedures requiring deep sedation, MAC, or intubation (Cath lab or EP lab), as well as transesophageal esophageal echocardiography*
- Cardiac and pulmonary rehab: one time testing prior to initiation of rehab course
- ENT, oropharyngeal, OMFS, or dental procedures

*For Cardiac Exercise Stress Tests in a patient where COVID is not clinically suspected, COVID testing is not specifically required. Current recommendations in asymptomatic, untested patients needing this procedure are for symptom/sign screening, patient/provider masking during the procedure, and 12 feet of social distancing in the testing room (with other appropriate PPE if closer contact required).

If the stress test is being performed for indications where COVID is in the differential diagnosis (e.g. new and/or worsening dyspnea), consideration should be given to testing for COVID prior to the exercise stress procedure.

What Radiology Procedures Require COVID Testing?

Procedures requiring testing regardless of sedation/ anesthesia (due to potential for stimulation of coughing, forceful expiration or otherwise exposure to aerodigestive tract droplets/ aerosols):

- Esophagrams*
- Video/"modified" barium swallows*
- Upper GI studies*
- Contrast enemas*
- Nasogastric or nasoenteric tube placement
- Thoracentesis
- Lung biopsy
- Lung V/Q scan
- New placement of percutaneous feeding tubes (gastrostomy, gastrojejunostomy).

*(In pediatric GI tract studies, testing not required as these cases are often time sensitive. Current recommendation is for staff to use an N95 mask during those procedures).

Procedures NOT requiring testing UNLESS deep sedation or general anesthesia utilized:

- Diagnostic CT/MRI, X-ray, and ultrasound
- Biopsies (except for lung biopsy)
- Small bowel follow-through
- Paracentesis
- Abscess/seroma/biliary/nephrostomy drain evaluation including exchange
- Joint aspiration
- Percutaneous feeding tube evaluation/replacement
- Abscess drainage
- Nephrostomy placement
- Biliary drainage
- Lumbar puncture
- Vascular access (port, dialysis, etc.)
- Angiography/arteriography/venography with or without intervention