

Pre-Operative/Pre-Procedural COVID-19 Testing for Both Vaccinated and Unvaccinated Patients Updated December 8, 2022

The sub-variants of SARS-CoV-2 have become the dominant cause of almost all COVID-19 infections in the United States. These may cause asymptomatic or minimally symptomatic infection even in fully vaccinated patients. Based on guidance from the New York State Department of Health, the Anesthesia Patient Foundation and the American Society of Anesthesiologists, *some form* of pre-procedure testing will continue to be necessary for procedures requiring anesthesia (i.e. general anesthesia, sedation (including MAC and conscious sedation), endoscopy). Testing can be done using any nucleic acid amplification test (NAAT) or antigen test authorized by the U.S. Food & Drug Administration. Acceptable test sites include the surgical facility, laboratory, local health department, pharmacy, home, local healthcare provider, or other testing site (NYSDOH, May 31, 2022).

At a minimum, a home antigen test with attestation should be performed for elective procedures within 24 hours from the morning of the anticipated procedure with patient self-quarantine to reduce the risk of subsequent infection. Open heart surgical candidates (or any other patient per surgeon/physician discretion) will still be required to obtain a PCR test within 48-72 hours prior to morning of scheduled surgery. In addition, these patients will also need to perform a home test with attestation within 24 hours of surgery. Testing for emergent and urgent procedures will follow previous onsite testing protocol (see flowchart below) and may be required regardless of vaccination status or previous positivity. When this is not possible, patients will be treated as a presumptive infection (PUI).

If the pre-procedure testing protocol includes use of at-home test kits, manufacturers' instructions should be followed, as many test kits require serial testing (i.e. 2 tests, typically 1-2 days apart). All patients and/or legal guardians in the case of minor will be required to provide or complete a signed 'Pre-Operative Home Testing Attestation' form (KH24933) on the day of surgery.

PCR equivalent tests for open heart surgical candidates or other cases where additional testing is deemed necessary at the surgeon's discretion, can be obtained from one of the following Kaleida Health Laboratories locations.

Appointments can be made HERE:

Amherst

3580 Sheridan Drive Amherst, NY 14226 Monday-Friday, 2-4 p.m.; Closed on holidays

Buffalo General Medical Center

100 High Street Buffalo, NY 14203 Monday-Friday, 1-4 p.m.; Closed on holidays

Cheektowaga

3900 Union Road Cheektowaga, NY 14225 Monday-Friday, 6 a.m.-4 p.m.; Closed on holidays

DeGraff Medical Park

445 Tremont Street North Tonawanda, NY 14120 Monday-Friday, 7a.m.-4p.m., Saturday, 6a.m.-1:30 p.m.; Closed on holidays

Hamburg

5844 Southwestern Blvd Hamburg, NY 14085 Monday-Friday, 8 a.m.-12:30 p.m.; Closed on holidays

Lockport

5858 Snyder Drive Lockport, NY 14094 Monday-Friday, 7:30 a.m.-3 p.m.; Closed 11:30 a.m.-12:30 p.m.; Closed on holidays

Millard Fillmore Suburban Hospital

1540 Maple Road Williamsville, NY 14221 Monday-Friday, 1-4 p.m.; Saturday, 7 a.m.-3 p.m.; Closed on holidays

Orchard Park

5959 Big Tree Road Orchard Park, NY 14127 Monday-Friday, 7-11 a.m.; Closed on holidays

Due to anticipated reagent shortages, rapid onsite testing may not be available for patients undergoing and elective procedure who arrive without evidence of testing and may result in cancellation of procedure. In the event a patient shows up with no testing and no attestation, a hospital-based test *may* be provided dependent upon supply and scheduling. Abbott ID Now should be utilized if possible with Cepheid only being utilized as a back-up due to supply and cost constraints.

Surgeon/proceduralist's office workflows related to the scheduling of pre-procedural testing will need to be updated to reflect this new guidance.

In the event of a positive test, elective procedures will be rescheduled and patients will be required to isolate for a period of 10 days (or 20 days for immunocompromised patients). Upon completion of this isolation period, patients should be afebrile with improved symptoms before surgery can proceed. A negative test result will not be required to reschedule surgery after a positive test and corresponding isolation period.

