

COVID-19 Testing Protocol for Elective Operations Version 2 (May 8, 2020)

We will periodically update this protocol as knowledge about COVID-19 advances and testing improves.

- 1) The surgeon's team instructs the patient to quarantine at least 14 days before the operation, to the extent possible. The operation is scheduled by the surgeon's staff, in compliance with the current prioritization process.
- 2) A Pre-Procedure Clinic (PPC) visit is conducted (either in person or via telemedicine) about 10-14 days preop. The PPC staff verbally screens for COVID-19 (e.g., unexplained fever, cough, shortness of breath, chills, muscle pain, headache, sore throat, chest pain, new loss of taste or smell, or exposure to a COVID-positive patient during the past 14 days). The PPC staff notifies the surgeon about a positive screen.
- 3) For surgeons' practices that do not normally use the PPC, the surgeons' teams will conduct the verbal screening (see #2 above) and notify the surgeon about a positive screen.
- 4) **ALL patients will undergo COVID testing within 24 hours of the operation.** When patients go through the PPC system, the PPC staff will schedule an appointment for **nasopharyngeal swab COVID-19 PCR testing in the Influenza-Like Illness (ILI) clinic.** (This clinic is currently located in the Shapiro Building Lobby.) For practices that do not use the PPC system, those surgeons' staffs still need to contact the PPC office at 617-638-6287. **The PPC staff will place the order for the COVID test (currently Simplexa); the surgeon's office staff should not order the COVID test. The swab is to be performed prior to noon on the day before the operation.** If the patient has not already received materials from PPC (e.g., medication instructions, Hibiclens washes, ERAS supplies, etc.), the PPC staff will deliver those materials to the ILI Clinic at the time of the swab. The patient may also require a formal PPC visit for additional studies (e.g., EKG, blood tests, etc.), and they can be coordinated at the time of the ILI visit. The PPC staff is responsible for checking the COVID results and notifying the surgeon about a positive screen or swab result. The ILI clinic is open on Saturday and Sunday mornings (8 am-noon) for patients undergoing operations on Sunday and Monday, respectively. **In that the sensitivity of the nasopharyngeal swab is operator-dependent, it is best that the ILI staff obtain this specimen, considering their experience and proficiency.** When it is impossible for patients to come to the ILI clinic on the day before the operation, alternative arrangements include:
 - A) A day-of-surgery swab in the PACU is an option that may uncommonly be used. For operations scheduled before 9 am, the patient will undergo nasopharyngeal swabbing (see #8 below for details about this process in the PACU), and the specimen will be submitted for the Cepheid test. (However, these patients should not be scheduled for operations before 8 am.) For operations scheduled after 9 am, the specimen will be submitted "RUSH" for the Simplexa test. The person who performs the swab must notify the Lab staff and write "RUSH" on the transport tube so that this specimen is properly handled. The supply of rapid Cepheid test kits is quite limited, and so **it is crucial that the day-of-surgery option is not commonly chosen.**

- B) The patient has a nasopharyngeal swab performed at an outside facility on the day before the operation, and the results are sent to PPC. However, many outside facilities will not be able to provide results in time for the operation, and the sensitivity of the test may vary with sampling technique. The surgeon's staff will be responsible for arranging the outside test and obtaining the results before 4 pm on the day before the operation.
 - C) A Fallon Ambulance may go to the patient's home and perform a swab at the house threshold. This service should be arranged 2 days before the operation so that the specimen is obtained on the day before the operation. Fallon can also deliver supplies from the PPC team, if necessary. However, the number of swabs that Fallon can perform is limited, and the sensitivity of the test may vary with sampling technique.
- 5) If the test is negative, the patient proceeds with the operation. If the test is positive, the operation will likely be postponed; early data indicate substantial hazards, including perhaps a 20% mortality, associated with operating in the setting of an active COVID infection. If the surgeon believes the operation should proceed, the surgeon will confer with the Infectious Disease (ID) service and the anesthesiologist.
- 6) The PACU staff contacts the patient via phone on the day before the operation. The staff confirms the result of the nasopharyngeal swab test and verbally screens for COVID-19 (see #2 above). The PACU staff notifies the surgeon about a positive swab or screen.
- 7) On the day of the operation:
- A) The patient calls 617-414-4114 once outside the Moakley Lobby, 2-3 hours before the scheduled operation. Patients should arrive at 6 am for the first operations of the day.
 - B) A PACU staff member meets the patient outside the Moakley entrance, assures that the patient wears a mask, and again verbally screens for COVID (see #2 above). The patient stops at the Moakley Lobby screening station for a temperature check. If the COVID screen is negative and if the temperature is normal, the PACU staff member escorts the patient to the Registration Office and then to the Preop Area (without walking through the PACU ICU/IMCU area). If the screen is positive or if the patient has a fever, the PACU staff member keeps the patient outside the Moakley Lobby and contacts the surgeon.
 - C) The patient is escorted to a PACU bay, and the PACU nurses conduct the normal preop care and checklist, including another verbal COVID screen. The nurse contacts the surgeon if the screen is positive.
- 8) In uncommon circumstances, the patient will require a COVID test on the day of the operation (see 4A above). The patient is escorted to a room with doors (either in the PACU Preop Area or in the Endoscopy Unit), where a nasopharyngeal swab is performed. (This does not require a negative-pressure room.) A surgery team member places an order for the COVID-19 test as part of the preop order set. (See 4A above for details; Epic tip sheets have been separately distributed.) The swab will be performed by a PACU staff member. (A member of the primary surgery team may also obtain the specimen.) That staff member will wear PPE, including N95 respirator, to perform the swab. The patient resumes wearing a standard mask after the swab and is escorted to a PACU bay for the normal preop process. The room used for the nasopharyngeal swab must be cleaned as per routine if the COVID test returns positive or if another patient requires that room before the COVID results return. If the rapid test is negative, the room

does not require special cleaning beyond the normal routine. The patient remains in the preop bay, pending results of the COVID test.

- 9) Under most circumstances, a positive COVID test should result in the operation being postponed until at least 10 days after the onset of symptoms and 3 days after the resolution of fevers and respiratory symptoms. The patient should then have two nasopharyngeal swabs at least 24 hours apart, and the operation may be re-scheduled if the test is negative. The surgeon's staff will arrange the first of the two tests, and the second test will be scheduled by the PPC staff, through the ILI clinic, on the day before the operation.
- 10) If the surgeon decides to proceed with an elective operation despite a positive nasopharyngeal test and/or symptoms of a possible COVID infection, the surgeon and anesthesiologist will consult the ID service for a multi-disciplinary consideration of the risks and benefits.