

## Pre-Procedure COVID-19 Testing

### 9/1/2020 Updates from Prior Version

1. Exemption from pre-procedure testing: Instead of the “10/3” symptom-based rule, guidance now uses updated “10/1” or “20/1” symptom-based rules.

### Guiding Principles:

1. Implement testing criteria in accordance with new IDPH guidelines for asymptomatic surgical patients
2. Harmonize on test indications and modalities based on the turnaround time (TAT) required and whether test results will change clinical course or operations
3. Continue testing for all symptomatic patients except for recovered COVID-19 patients
4. Do not retest unless indicated (retesting indicated for neuro pituitary)

Symptoms for testing: Fever (including *subjective fever and chills*), cough, shortness of breath, sore throat, body aches, or new loss of smell and taste.

PPE recommendations for PUI and confirmed COVID+: N95 or face mask, eye protection, gowns, gloves. (See Rush [COVID-19 intranet page](#), under PPE section, “COVID-19 PPE Guidelines for Surgery, Interventional Procedures and Endoscopy...” for details.)

### Testing Grid:

Population	Preferred Test	RUMC	ROPH	RCMC
<b>Symptomatic Testing</b>				
Symptomatic: Patients and Employees – Emergency Dept and Urgent Care	24-48 hours – RML	X	X	X
Symptomatic ED patients: Patients being admitted with suspicion of COVID-19	15 minutes – Point of Care	X	X	X
Symptomatic: Scheduled Patient and Employee – Drive-through	24-48 hours – RML	X	X	X
Symptomatic Community: First Responders, Private/Public employers, Nursing Homes, Homeless Shelter	24 – 72 hours – RML/ Labcorp	X		

Population	Preferred Test	RUMC	ROPH	RCMC
<b>Asymptomatic Patient Testing</b>				
Inpatients: Transfers, Direct Admissions	24 – 48 hours – RML	X	X	X
ED patients: <ul style="list-style-type: none"> <li>non- ILI Admissions from congregate living facilities and to psych units, L&amp;D</li> </ul>	24 - 48 hours – RML 15 minutes – Point of Care by exception	X	X	X
<b>Aerosolizing procedures:</b> Periop/Interventional/Endoscopy/ ASC (i.e. ENT scopes, Thoracic, Rigid Bronchoscopy, some Neuro, endoscopy by exception), diagnostic TEE	15 minutes – Point of Care	X	X	X
<b>Non-aerosolizing procedures:</b> Periop/ Interventional/ Upper GI Endoscopy/ ASC (e.g. Gen Surg, CR, Ophth, Ortho, etc.), EEG studies, stress lab	24-72 hours – RML 15 minutes – Point of Care by exception	X	X	X
Ambulatory Patients: New Infusions (Cancer, GI, MS, Rheum) and Radiation Treatments, ambulatory sleep studies, EEGs	24-72 hours – RML 15 minutes – Point of Care by exception	X	X	X
Ambulatory Patients: ENT ambulatory <b>aerosolizing procedures, GI motility studies, Dialysis</b>	15 minutes – Point of Care	X	X	X
Ambulatory Patients: All other clinics, Diagnostics	None	X	X	X

## Pre-Procedure Testing Exemption

**Q: My patient has recovered from a recent COVID-19 infection. Should he/she be tested again?**

**A: No. Patients who are recovering from COVID-19 infection do not need repeat COVID-19 testing prior to procedure; instead, [Illinois Department of Public Health](#) allows for the symptom-based rule (“10/1” or “20/1” day, as applicable) to proceed.**

### Background

IDPH allows for a symptom-based method of clearing patients for procedures if they have recovered from recent COVID-19 infection. In some cases, relying on PCR testing for pre-procedure clearance can be harmful to the patient if they have clearly recovered, causing unnecessary delay in surgery.

### Guidance

1. For patients who are recovered from recent COVID-19 infection (illness recovery in the prior 90 days), the procedure team may choose not to test the patient for COVID-19 prior to surgery, as long as the patient satisfies the symptom-based (“10/1” or “20/1”) strategy for discontinuing precautions, per [CDC guidelines](#).
2. For patients who test positive for COVID-19 but are asymptomatic (for example, during routine pre-procedure screening), the procedure team may choose not to re-test the patient for COVID-19 prior to surgery, as long as the patient satisfies the time-based (“10 day” for most patients; “20 day” if severely immunocompromised) strategy for discontinuing precautions, per [CDC guidelines](#).

To satisfy this time-based strategy, the procedure team needs to ensure that the patient did not subsequently develop COVID-19 symptoms during the 10 or 20 day isolation period; if COVID-19 symptoms occur, then the symptom-based strategy should be used instead.

3. The procedure team may call infection control (312) 942-3060 for consultation in this decision-making, as needed.
4. Once a determination is made that a patient may be excluded from pre-op covid testing, the physician’s office can communicate this exemption by selecting the order **Pre-Op COVID Testing Exemptions**. Once this order is placed, it will mark the patient as exempt from pre-procedural COVID testing in pre-op checklists within Epic for 30 days. Exemption from COVID testing likely can persist indefinitely but we want to allow each proceduralist or surgeon to re-assess and make this decision independently we have set the exemption to expire (in Epic) at 30 days.

## Pre-op/ Pre-Procedure/ Pre-Infusion Testing Workflow

### Workflow for EPIC Providers:

1. Department/provider enters order titled **Request for COVID Clinic (Drive-through Pre-Procedure)**
2. Department/Provider enters ***"The Expected Procedure Date"*** in the order details. The patient will need to be scheduled **3 days prior** to their expected procedure date.
3. Access Center will schedule patient 3 days prior to expected procedure date.

### Workflow for Non-EPIC Providers

1. Department e-mails a list of patients requiring a COVID test with the following information:
  - a. Surgeon/ordering provider
  - b. Last Name, First Name
  - c. DOB
  - d. Gender
  - e. Address
  - f. Phone Number
  - g. Expected procedure date (the patient will need to be scheduled **3 days prior** to their expected procedure date)
2. E-mail address: [PreopCOVIDtesting@rush.edu](mailto:PreopCOVIDtesting@rush.edu)
3. Access Center will place COVID Testing order and schedule patient 3 days prior to expected procedure date.

## Testing Locations, Instructions and Hours of Operations:

### **RUMC Drive-through** Triangle Office Building (TOB) parking area

Address: 1700 W. Van Buren St., Chicago

Instructions:

- The testing site is in the TOB parking lot, which can be accessed from Jackson Boulevard if traveling east and from West Van Buren Street if traveling west.
- Patient should call 312-942-2051 five minutes prior to arrival.
- If patient starts to develop symptoms, they should call their physician or the 24/7 line to talk with a nurse (888)-352-7874.

Hours: Monday through Sunday: 7a-7p

### **RUMC Peds and Family Testing**

Address: 600 S. Paulina, Chicago

Instructions:

- Clinic has reserved parking for patients on the street.
- Patient should call 312-942-2051 five minutes prior to arrival.
- If patient starts to develop symptoms, they should call their physician or the 24/7 line to talk with a nurse (888)-352-7874.

Hours: Monday through Saturday: 7:30a-3:00p. Closed Sunday.

### **Rush Oak Park Drive-through**

Address: 520 Wisconsin Ave, Oak Park

Instructions:

- The testing location is at the old ER off of Madison at 520 Wisconsin
- Patients should not arrive to the appointment more than 5 minutes early
- If patient starts to develop symptoms, they should call their physician or the 24/7 line to talk with a nurse (888)-352-7874.

Hours: Monday through Friday: 8a-8p, Saturday: 8a-12p. Closed Sunday.

### **RUMG Oak Brook Drive-through**

Address: 2011 York Road, Oak Brook, IL 60523

Instructions:

- The testing location is the valet driveway in front of the building (North side of building). Patient will pull into the valet drive and pull up as close to the valet stand as possible.
- Patients should not arrive to the appointment more than 5 minutes early
- If patient starts to develop symptoms, they should call their physician or the 24/7 line to talk with a nurse (888)-352-7874.

Hours: Monday through Friday: 8a-3p. Closed Saturday and Sunday.

### **Guidance on patients who test positive during pre-procedure COVID-19 testing**

1. **Triage.** Assess the patient clinically for symptoms of COVID-19 illness. Make clinical judgement about whether patient should still undergo the procedure (i.e., do benefits outweigh risks for the procedure). Assess whether the patient is sick enough to require hospitalization for COVID-19 treatment versus recovering at home. Assess whether this patient already had a prior known diagnosis of COVID-19 infection (i.e., is this patient clinically recovered from COVID-19 infection)?
2. **Re-Scheduling Considerations.** Patients who test positive for COVID-19 do not require re-testing if their procedure is rescheduled (see [Surgical Pre-Procedure Testing Exemption](#) Section, above). Use the symptom-based (“10/1” or “20/1”) or time-based (10 or 20 day) rule for determining when the patient can come out of COVID-19 precautions for their procedure. Discontinuation guidance can be found at the [Rush COVID-19 Intranet Page](#) (see PPE section, “Guidance for Discontinuation of COVID-19 Precautions”).
3. **Questions.** For infection control-related questions (e.g., discontinuation of precautions or re-testing), call infection control at 312-942-3060. For clinical management questions, consult infectious disease.