



DATE: February 28, 2023

TO: Hospitals, diagnostic and treatment centers, physician offices, dental offices, local health departments, and office-based surgery practices.

FROM: New York State Department of Health (NYSDOH)

***** UPDATED *****

Health Advisory: Elective Surgery Pre-Procedure Testing for SARS-CoV-2

Please distribute immediately to:
Infection Preventionists, Epidemiologists,
Medical Directors, Nursing Directors

The purpose of this advisory is to provide updated guidance regarding elective surgery pre-procedure testing for SARS-CoV-2. **This Health Advisory supersedes all previous guidance pertaining to elective surgery pre-procedure testing for SARS-CoV-2, including guidance issued in the [NYSDOH May 31, 2022, *** UPDATED *** Health Advisory: Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic.](#)**

NYSDOH recommends that all healthcare settings continue to adhere to the infection prevention and control guidance issued by the Centers for Disease Control and Prevention (CDC). CDC guidance states that SARS-CoV-2 viral testing of asymptomatic patients before elective surgery or procedures by hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers, **is at the discretion of the facility.** See: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic.](#)

Pre-procedure testing to identify asymptomatic infection might continue to be useful in some situations, including when performing higher-risk procedures. Pre-procedure testing can also help inform the type of infection control precautions used (e.g., room assignment, cohorting, or personal protective equipment) to prevent unprotected exposures.

If implementing a pre-procedure testing program, healthcare facilities should consider the following:

- Testing decisions should not be based on the vaccination status of the individual being screened.
- Facilities' testing policies may include special consideration for patients traveling from high transmission areas.

- To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a nucleic acid amplification test (NAAT), facilities should perform 3 tests over 5 days, with at least 48 hours between tests, in line with [U.S. Food & Drug Administration \(FDA\) recommendations](#). This includes point of care and home test use. Additional information for serial (repeat testing) when using antigen tests can be found on the [CDC web site](#).
 - If the facility's pre-procedure testing protocol includes use of at-home test kits, facility policies should include procedures to ascertain that the patient's at-home tests were performed on the correct person, in accordance with the package insert instructions, and within the appropriate timeframe (e.g., a photograph of the completed tests and an attestation from the patient).
- Testing can be done using any NAAT or antigen test authorized by the FDA. Acceptable test sites include the surgical facility, laboratory, local health department, pharmacy, home, local healthcare provider, or other testing site. Except for at-home testing, sites performing testing using waived antigen tests need to be registered as a Limited-Service Laboratory. Sites performing more complex testing, such as polymerase chain reaction (PCR), need to hold a clinical laboratory permit. Additional information on requirements for testing can be found at <https://www.wadsworth.org/regulatory/clep>.
- Facilities' testing policies should consider test sensitivity with the ability to logistically accomplish testing in a reasonable manner to provide safety to both patients and staff. For example:
 - If polymerase chain reaction (PCR) tests are used, providers should consider turnaround time, weekend/holiday testing availability, etc. If these factors lead to testing several days prior to the procedure, then a different testing option might be preferable.
 - If antigen testing is used, with a typically shorter turnaround time but lower sensitivity than PCR, especially for asymptomatic individuals and early in the course of infection, then it becomes even more important that testing occur as close in time before the procedure as feasible.
- Facilities' testing policies should maximize detection of patients with infections and consider factors such as [Transmission Levels](#), local laboratory capabilities, turnaround time, testing availability at sites with a limited-service laboratory registrations (e.g., rapid antigen or rapid molecular tests), availability of and ability to conduct home tests, and pre-procedure patient preparation.
- Providers who choose to test patients who have recovered from SARS-CoV-2 infection in the prior 90 days should consider the following:
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days.
 - Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
 - There is no need to test patients who are asymptomatic and recently recovered (i.e., have met the appropriate criteria to discontinue COVID-19 isolation) to prove they are now negative.
- Although routine pre-procedure testing protocols do not apply before non-scheduled emergent surgeries or procedures, a thorough screening and history should be obtained in these situations whenever feasible so that appropriate precautions can be implemented.
- Providers should adhere to other CDC SARS-CoV-2 testing recommendations in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#) including

recommendations for testing of patients with symptoms of SARS-CoV-2 infection and patients with close contact to someone with SARS-CoV-2 infection.

Healthcare facility personnel are advised to regularly and frequently review the [NYSDOH website](#), the [New York State Health Commerce System](#), and the [CDC *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019\(COVID-19\) Pandemic*](#)

General questions or comments about this advisory can be sent to: covidhospitaldinfo@health.ny.gov, or icp@health.ny.gov.