



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

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TO: Hospitals, Ambulatory Surgery Centers, Office-Based Surgery Practices, and Diagnostic & Treatment Centers

Updated Guidance for Resumption of Non-Essential Elective Surgeries and Non-Urgent Procedures in Hospitals, Ambulatory Surgery Centers, Office Based Surgery Practices and Diagnostic and Treatment Centers

Summary

- The purpose of this guidance is to update pre-elective procedure testing requirements to include vaccination status and recent recovery from COVID-19 infection.
- This document supersedes the June 13, 2020 directive “COVID-19 Directive Regarding the Resumption of Elective Outpatient Surgeries and Procedures in General Hospitals in Counties and Facilities Without a Significant Risk of COVID-19 Surge” and the May 19, 2020 guidance “COVID-19 – Resumption of Elective Outpatient Surgeries and Non-Urgent Procedures (Deferred Procedures) in Ambulatory Surgery Centers, Office- Based Surgery Practices and Diagnostic and Treatment Centers in Counties Without a Significant Risk of COVID-19 Surge.”

Definitions

- **Fully vaccinated** is defined as being two or more weeks after receiving the final dose (e.g., second of a two dose series, only dose of a one dose series) of the vaccine approved by the FDA or authorized by the FDA for emergency use.
- **Recently recovered** is defined as recovered from laboratory-confirmed COVID-19 by meeting the criteria for discontinuation of isolation within the three-month period between date of elective surgery or procedure and either the initial onset of symptoms related to the laboratory confirmed COVID-19 infection or, if asymptomatic during the illness, the date of the laboratory confirmed test.

Testing Requirements

Hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers must implement a policy that addresses risk assessment, including exposure, travel, and COVID-19 symptoms. The policy needs to address when pre-elective procedure testing is to occur and must define a negative COVID-19 test as polymerase chain reaction (PCR) or antigen test.

Pre-elective procedure testing five (5) days prior to elective surgeries and procedures using a PCR or antigen test for the detection of SARS-CoV-2 **is required** for:

- Patients who are not fully vaccinated;

- Unvaccinated patients; and
- Patients for whom COVID-19 screening has identified potential risk/need for testing before procedures.

Pre-elective procedure testing is not required for patients who are fully vaccinated or have recovered from laboratory-confirmed COVID-19 during the previous three months. There is no need to test asymptomatic recently recovered patients to prove they are now negative. However, pre-elective procedure testing remains encouraged by NYSDOH for all asymptomatic patients scheduled for elective surgery/procedures.

Pre-elective procedure testing for all asymptomatic patients scheduled for elective surgery/procedure is strongly encouraged for all patients irrespective of vaccination or recovery status in regions with a positivity rate of 2% or greater in the region according to the NY Forward seven-day average. "Region" refers to the location where the elective surgery or procedure will take place.

The Commissioner of Health may require pre-procedure COVID-19 testing for all asymptomatic patients irrespective of vaccination or COVID-19 recovery, if public health metrics warrant.

Test results must be received and reviewed before conducting the elective surgery or procedure. Such testing is not required before non-scheduled emergent surgeries or procedures, which are not defined as elective. However, a thorough screening and history should be taken, as well as other appropriate precautions, prior to non-scheduled emergent surgeries and procedures.

A test should be performed as soon as possible, in accordance with this guidance, and if positive, may result in the need for health care worker exposure protocols to be followed. Hospitals do not have to perform the test; it is allowable to accept a third-party test, provided it is a PCR or antigen test as described above and is performed by a laboratory with any required permits and approvals.

- Facilities must continue to carefully monitor their bed capacity, hospitalization, and other metrics, such as rate of COVID-19 transmission in their region, and adjust capacity and operations as needed.
- Facilities must continue to review their prioritization policies regularly and adjust them based on area fluctuations in COVID-19 positivity and hospitalizations.
- Facilities must continue to counsel patients regarding social distancing, wearing facemasks, and minimizing contact with others for 14 days before the surgery or procedure, and patients to be questioned about symptoms or any potential contacts with symptomatic persons prior to the surgery or procedure is extended to patients being admitted for inpatient elective surgery.
- Facilities are expected to have at least a seven-day supply of PPE on hand and the hospital's supply chain can maintain that level to support both inpatient and outpatient surgeries and procedures without resorting to contingency or crisis capacity strategies.
- Facilities are required to ensure sufficient staffing, and to take into consideration the time needed to reassign staff as needed, including the needs of staff returning from direct care related to surge activities for downtime and emotional support.
- Facilities should continue to have a mechanism to report information on the types and numbers of surgeries and procedures to the Department if requested in the future.