EMERGENCY DEPARTMENT			
Scenario	Covid-19 Test Required (rationale)	PPE Required after testing	
Covid-19 Symptoms Present <sup>1</sup> OR High Risk Covid-19 (regardless of Symptoms) <sup>2</sup>	Yes (High risk: Diagnostic)	Full PPE required pending test	
Unable to Provide History	Yes (High risk: Diagnostic)	Full PPE required pending test	
Critical Illness, any cause	Yes (High risk: Diagnostic)	Full PPE required pending test	
Emergency Surgery or Designated Procedure (see table 2 for designated procedures)* *assuming no test in past 3 days	Yes (High risk: emergent procedure)	Mask patient when transporting or within 6 feet of others expand to full PPE if positive.	
Labor & Delivery (no prior screen within 3 days)	Yes (High risk: emergent procedure)	Mask patient when transporting or within 6 feet of others expand to full PPE if positive	
Asymptomatic Admission, <b>No</b> emergency Surgery or procedure (within 12h)	Yes (Low risk: Screen)	Mask patient when transporting or within 6 feet of others expand to full PPE if positive	
ED Diversions (Asymptomatic) to Skilled Nursing Facilities	Yes (Low risk: Screen; urgent timing issue for placement)	Mask patient when transporting or within 6 feet of others expand to full PPE if positive	
Symptomatic <sup>1</sup> ED Discharges	Yes (Non-urgent)	N/A	
Asymptomatic <sup>1</sup> ED Discharges	No	N/A	
	INPATIENT CARE		
Direct Admission: Covid-19 Symptoms Present <sup>1</sup> <u>OR</u> High Risk Covid-19 (regardless of Symptoms) <sup>2</sup>	Yes (High risk: Diagnostic)	Full PPE required pending test	
Direct Medical Admission: <b>No</b> Covid-19 Symptoms <sup>1</sup> or Risk Factors <sup>2</sup>	Yes (Low risk: Screen)	Mask Patient when transporting or within 6 feet of others (if tolerates); expand to full PPE if positive	
Direct Surgical Admission, non- emergent case ( <b>No</b> Covid-19 Symptoms <sup>1</sup> or Risk Factors <sup>2,3</sup> )	Yes, <u>if no prior pre-</u> procedure Screening <sup>3</sup> (Low risk: Screen, non- emergent procedure)	Mask patient when transporting or within 6 feet of others (if tolerates); expand to full PPE if positive	
Inpatient (any) new Covid-19 Symptoms <sup>1,3</sup>	Yes <sup>3</sup> (High risk: Diagnostic)	Full PPE required pending test	
Discharge Screen to Long Term Care/Subacute /Assisted Living	Yes, if none performed in past 3 days (Low risk: Screen)	Mask patient when transporting or within 6 feet of others (if tolerates); expand to full PPE if positive	
Remove from Covid-19 Isolation (prior known positive)	Call Infection Control for Approval to test	Maintain PPE until cleared by infection control	

## TABLE 1. RECOMMENDED TESTING FOR COVID-19

1. COVID-19 Symptoms—>fever, cough, chest pain, Hypoxia, SOB, diarrhea, headache, chills, myalgia, loss of taste or smell

2. **COVID-19 Risk Factors**: Known exposure to Covid-19 positive individual in past 14 days OR Resident of Nursing Home/Subacute Rehab/Assisted Living/Group Home

3. **Repeat Testing** on previously Covid-19 negative patients is not advised unless new symptoms and >72h from prior negative test. No more than 2 tests per 7 days without infection control approval

CARDIOLOGY	Covid-19 Screening Test Required?
Interventional Cardiology Procedures	Yes
Echocardiogram-Transthoracic	No
Echocardiogram-Transesophageal	Yes
Electrophysiology Procedures	Yes
Electrophysiology-Non-invasive tests	No
GASTROENTEROLOGY	Covid-19 Screening Test Required?
Endoscopy (upper or lower)	Yes
LABORATORY & BLOOD BANK	Covid-19 Screening Test Required?
Lab Specimen Collection	No
Blood Product Donations	No
Transfusions	No
NUCLEAR IMAGING	Covid-19 Screening Test Required?
All studies	No
PHARMACY/INFUSIONS	
Infusions	No
Transfusions	No
PULMONARY TESTS	Covid-19 Screening Test Required?
Bronchoscopy	Yes
PFT's	Yes
Sleep Study-No plans for CPAP/BIPAP	No
BIPAP/CPAP Studies	Yes
RADIOLOGY	Covid-19 Screening Test Required?
Diagnostic Radiology	No
Interventional Radiology	Yes
SURGICAL SPECIALTIES	Covid-19 Screening Test Required?
Bedside Procedures (Any Specialty)	No $\rightarrow$ unless manipulating airway
ENT Procedures (ALL)	Yes
Cardiac Surgery-OR Procedures	Yes
General Surgery-OR Procedures	Yes
Neurosurgery-OR Procedures	Yes
OB/GYN-OR Procedures	Yes
OB/GYN -Labor and Delivery	Yes
Orthopedic – OR Procedures	Yes
Plastic Surgery-OR Procedures	Yes
Podiatry-OR Procedures	Yes
Thoracic Surgery-OR Procedures	Yes
Urology Procedures-OR Procedures	Yes
Vascular Surgery-OR Procedures	Yes
Vascular Surgery - Angiography	Yes

## TABLE 2. OUTPATIENT PROCEDURES & STUDIES REQUIRING COVID-19 LAB SCREENING\*

\*Outpatient pre-procedure screening should be performed within 3 days of scheduled procedure/study. Inpatients with negative testing on admission that later require a testing designated procedure or test do not require repeat testing unless new clinical suspicion of Covid-19 arises. Repeat Testing on previously Covid-19 negative inpatients is not necessary unless new symptoms and >72h from prior negative test. No more than 2 tests per 7 days without infection control approval