

Discontinuing Pre-operative/Pre-procedural COVID-19 Testing

In light of increased COVID-19 vaccination rates, increased availability of N95 respirators, decreased community incidence of COVID-19 infections, and decreased COVID-19 hospitalizations and deaths, Duke Health will discontinue pre-procedure/pre-operative COVID-19 testing in June for patients not requiring admission.

At this time, the following patients will still require pre-operative/pre-procedural testing:

- Patients who will have an anticipated overnight stay after their surgery or procedure will still require pre-procedural testing.
- Patients staying overnight for CPAP titration studies in the sleep lab

Vaccination and use of recommended PPE provide the greatest level of protection for our team members. We feel confident that DUHS team members can continue to provide care safely by using [existing guidance on recommended PPE](#) for management of asymptomatic patients for the following high-risk aerosol-generating procedures:

- Intubation and extubation
- Sinonasal and airway surgeries
- Bronchoscopy
- Transesophageal echocardiography
- Upper endoscopy
- Electroconvulsive therapy
- Electrical cardioversion
- Electrophysiology procedures requiring general anesthesia
- Fluoroscopically guided enteric tube placements
- Interventional radiology procedures requiring anesthesia or in patients with a tracheostomy
- Dental procedures
- Interventional pulmonary procedures (thoracoscopy, thoracentesis, ablation, etc.)
- PFTs
- Esophageal manometry
- Nebulizer treatments
- CT guided lung biopsy (interventional radiology)
- Nasal endoscopy and laryngoscopy (therapeutic)
- Oral cavity/throat biopsy
- Tracheostomy tube change
- Laser ablation procedures (mouth, nose, face, eye)

For team members who might need a refresher on the types of N95 available at Duke Health, please see: [Guidelines for the Use of Different Models of N95 Respirators at Duke Health](#)

Please see page 2 for a list of FAQs.

N95 Use in Peri-operative and Procedural Spaces - Frequently Asked Questions

Q: When do I need to wear an N95 respirator?

A: Peri-op areas:

- During and after intubation or extubation of all patients
- During the entire case for sinonasal/airway operative procedures for all patients

Procedural areas:

- During the high-risk aerosol-generating procedures listed above

Q: How will N95 respirators be distributed?

A: Each team member will be supplied two to five N95 masks per month depending on the shift frequency at each site. While the supply chain has improved, we are not at a point where we can move to single-use N95s and will continually re-evaluate.

- Staff may label their masks on the straps only.
- If the N95 mask is lost or soiled, it will be replaced.
- There will be designated mask distribution sites for surgical departments, anesthesiology and OR nursing team members. Please obtain the appropriate number of masks required for your area.

Q: What if the vented N95 respirator (3M 8511) doesn't fit me?

A: Team members will have access to an additional type of N95 that comes in a regular and small size to accommodate different face shapes and sizes (Halyard – “duck-bill” type). This mask was approved by OESO and does not have a vent. Therefore, you do not have to wear an overlaying surgical mask to provide source control when wearing the Halyard brand N95s.

Q: Do the vented N95 respirators and “duck-bill” N95 respirators require fit testing?

A: No. However, vented N95 masks must be worn under a normal surgical mask. Perform a seal check according to the guidance appropriate for each mask type:

- **3M 1860/1860S, 3M 8210/8110S and 3M 8511:**
<https://covid-19.dukehealth.org/documents/n95-seal-check-instructions>
- **3M 1870 Plus:**
<https://covid-19.dukehealth.org/documents/3m-1870-plus-n95-seal-check-instructions>
- **Halyard (regular and small):**
<https://covid-19.dukehealth.org/documents/halyard-n95-respirator-seal-check-instructions>

Q: How often should N95 respirators be re-used?

A: N95 respirators should be used for a single shift and then stored for at least 3 days until the next use. Sequentially rotate through your supply of N95 masks using one per shift, for up to one month. If a mask becomes soiled, damaged, or no longer passes a seal check, obtain a replacement.

Q: Do I still need to wear eye protection while wearing an N95 respirator?

A: Yes. Don't forget to wear eye protection!

Q: Why are we continuing admission testing at this time?

A: We are continuing admission testing for several reasons, including:

- A significantly longer duration of time for a potential exposure to occur (inpatient area vs. peri-op)
- The potential for aerosol-generating procedures (such as overnight CPAP or BiPAP) to occur during which team members don't wear N95 respirators
- Shared rooms on some units within DUHS entities
- Congregate living and the inability to mask in behavioral health inpatient areas