



# RCPATH advice on histopathology frozen sections and cytology fine needle aspiration during infectious disease outbreaks

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Frozen sections and fine needle aspiration (FNA) are an important diagnostic tools in certain clinical situations and when appropriately performed can yield vital diagnostic and/or prognostic information in a timely manner. During infectious disease outbreaks, such as the COVID-19 pandemic, it is sensible to review several aspects of these procedures to reduce the risk of transmission of infection between healthcare staff. The risk of aerosol production during frozen section and FNA is regarded as extremely low, however due to the possibility of droplet exposure the following precautions are advised.

## **Our advice is as follows**

Frozen section and FNA on confirmed COVID-19 cases should be avoided where possible.

Discussion with the relevant clinical teams regarding the benefit of frozen section and FNA and consideration of appropriate alternatives should take place in suspected and confirmed COVID-19 cases.

Where frozen section or FNA is unavoidable, the following is recommended:

- Reduce the number of operators to a minimum – e.g. for frozen section ideally one pathologist and one assisting biomedical scientist.
- The dissector/aspirator should be wearing appropriate personal protective equipment (PPE) which should include:
  - fluid-resistant disposable gloves
  - fluid-resistant disposable apron
  - eye protection
  - fluid-resistant (Type IIR) surgical mask (FRSM).
- Any dissection should be performed in a ventilated/fume cupboard.
- Local standard decontamination procedures of the ventilation/fume cupboard, cryostat and other surfaces should be followed.

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